# STATE OF CALIFORNIA OFFICE OF THE ADJUTANT GENERAL 2829 Watt Avenue P.O. Box 214405 Sacramento, California 95821-0405

CAL ARNG Pamphlet No. 40-2

9 July 1990

# Medical Services INJURY AND DISEASE - LINE OF DUTY REPORTS

This pamphlet establishes policy and provides guidance for implementation and processing administrative requirements related to injuries, diseases and death for soldiers of the California Army National Guard.

The proponent of this pamphlet is the Director, Military Personnel (CAMP). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes of Publications and Blank Forms) directly to the Adjutant General, State of California, ATTN: CAMP-SB, 2829 Watt Avenue, P.O. Box 214405, Sacramento, California 95821-0405.

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<sup>\*</sup>This Pamphlet supersede CAL ARNG Pam 40-2, 1 October 1980.

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#### CHAPTER I GENERAL

- 1-1. PURPOSE. This pamphlet is designed to provide guidelines for the administrative procedures, required documentation, and information for soldiers who incur duty related injury, diseases or death.
- 1-2. RELATED PUBLICATIONS. The procedures outlined in this pamphlet are current as of the date above. Policies, requirements, and procedures reflect those listed in the beginning of each chapter. Refer to Appendix G for listed references.
- 1-3. APPLICABILITY. This pamphlet applies to each member of the California Army National Guard (CA ARNG) on Federal Active Duty or Inactive Duty status except those soldiers on Active Guard and Reserve (AGR); Federal Technician employment status; and State Civil Service. This pamphlet also applies to members of the State Military Reserve on State Active Duty Status only.
  - a. Active Guard and Reserve (AGR) refer to the AGR Standard Operating Procedures (SOP).
  - b. Federal Technicians refer to the Federal Personnel Manual 810.
  - c. State Civil Service members refer to CAL ARNGR 690-3, dated 11 Feb 87.
- 1-4. RESPONSIBILITY. The Office of the Adjutant General, Directorate of Military Personnel, Support Branch (CAMP-SB) has primary responsibility for administrative processing of all actions related to injury, diseases or death incurred by California National Guard members, except as listed in para 1-3 (A-C).
- a. Unit commanders are responsible for reporting all incidents of injury, disease or death which occur during periods of training and related duty to the OTAG Emergency Operations Center as required in CAL ARNG 190-40.
- b. Service members are responsible for meeting all requirements to include reporting to appropriate military medical facilities as directed. Failure to comply with the provisions of this and related regulations could result in the loss of benefits.

# CHAPTER 2 REPORTING REQUIREMENTS

- 2-1. GENERAL. This chapter prescribes reporting requirements incident to the disease, injury, disability or death of a California Army National Guard soldier. Reference CAL ARNGR 190-40.
- 2-2. REPORTING RESPONSIBILITY. The unit commander or officer having administrative responsibility for soldiers who become ill, injured, disabled, or die will report by telephone through operational channels, to the Staff Duty Officer (SDO) or Emergency Operations Center (EOC), Office of the Adjutant General. The EOC 24 hour phone number is (916) 973-3441. This telephonic notification is referred to as a serious incident report (SIR).
- 2-3. TYPES OF REPORTABLE INJURIES/DISEASE/DEATH.
  - a. Injury as a result of negligence or willful misconduct, including drugs and alcohol.
  - b. Treatment by a civilian medical facility and/or active duty military medical facility.
  - c. Treatment requiring follow-up care at a civilian or military facility.
  - d. A medical condition diagnosed by a physician as causing disability or impairment.
- e. Medical condition that require confinement to the Troop Medical Facility (TMC) 12 hours or more while on federal or state status.
  - f. Incidents requiring a line of duty investigation.
  - g. Incidents while on State Active Duty (SAD) status for an emergency SAD mission.

### CHAPTER 3 BENEFITS:

3-1. PURPOSE. This chapter outlines the benefits authorized, source of entitlement and/or care and the reference for injured or ill soldiers of the California National Guard.

# 3-2. BENEFITS

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BENEFIT	SOURCE OF ENTITLEMENT AND/OR CARE	REFERENCE
1. Treatment of injury/ disease incurred while under any Federal status	Federal incapacitation compensation and/or State Compensation Insurance.	NGR Pam 37-5, Sec 340 & Mil & Vet Code
	Army expense, Army or Federal Facility, Civilian Facility in emergency.	Para 4-2, AR 40-3, Para 6 NGR 40-3
2. Glasses, dental or artificial limbs or devices	Army Expense, Federal Facility in course of treatment of injuries, or when lost, damaged or destroyed. Not the result of negligence or misconduct. May go to Civilian Facility with prior approval of NGB and statement of urgency from unit commander.	Para 5e, NGR 40-3
3. Transporation to and from treatment	Unit vehicles or TR, Army Expense (CAL FORM 40-6-1)	JTR Para M6005, Para 5-6, NGR 37-104-2
4. Pay and allowances during hospitalization or disability.	Federal incapacitation compensation. 1. Old Law-Injury incurred before 16 Nov 86.	DOD Pam, Tbl 8-2-4 Para 4-2, AR 40-3, Chap 5, NGR 37-104-2, NGB Pam 37-5
	2. Public Law-99-661 injury/disease incurred between 16 Nov 86-29 Sep 88.	NGR Pam 37-5, CAL Pam 40-2
·	3. Public Law-100-456 injury/disease incurred on or after 30 Sep 88.	CAL Pam 40-2, Chap 5
	State Compensation Insurance (Not pay & allowances).	See 340 & 341

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#### BENEFIT

5. Reemployment rights after disability.

SOURCE OF ENTITLEMENT AND/OR CARE

State and Federal Labor Codes.

REFERENCE

Sec 394, CAL MIL & Vet Code

6. Disability Retirement

Federal Government and/or State.

AR 635-40, Para 10, NGR 40-3, Sec 340 & 341, Mil & Vet Code, Chap 8 AR 635-40

7. Death Benefits

Federal Government and/or State

See CAL ARNGR 600-10

#### CHAPTER 4 LINE OF DUTY (LOD)

- 4-1. PURPOSE. This chapter prescribes procedures for investigating the circumstances under which the injury, disease or death of a member was incurred. It also provides considerations in determining line of duty (LOD) status. Further, this chapter establishes required documents and administrative procedures for processing line of duty investigation.
- 4-2. APPLICABILITY. This pamphlet applies to each member of the Army National Guard (ARNG) who incurs an injury or disease in LOD while performing authorized training. An LOD investigation is also required in deaths that occurred while in a training status, or traveling to or from duty.
- 4-3. IMPORTANCE OF LINE OF DUTY ACTIONS. LOD determinations are used to decide entitlement to a member for benefits administered by the Department of the Army. The facts determined in the investigation may also assist the Veterans Administration and state and local agencies in deciding the individual's entitlement to benefits under the programs which they administer.

#### 4-4. AUTHORITIES, DUTIES AND RESPONSIBILITIES.

- a. Chief, National Guard Bureau is the final approving authority for all formal LOD's.
- b. The California State Adjutant General is the reviewing authority for all cases. The Adjutant General (TAG) may also act as the final approving authority for informal determinations.
- c. The Unit Commander or officer having administrative responsibility for the member concerned will:
- (1) Insure that each soldier understands the requirement to report injuries and diseases incurred with incident to training and understands the benefits which may be authorized.
- (2) Take prompt action to investigate the LOD status of each member incurring a injury or disease incident to training.
- (3) Insure that a determination is obtained from the treating physician on the DD Form 2173, Section 1 (to include signature).
- (4) Submit all documents required to assist in a final determination as listed in this pamphlet. (Refer to para 4-7 thru 4-11).
- (5) Ensure that all documents submitted are factual and administratively correct; that the period of injury is consistent with those periods of duty actually performed by the injured or diseased soldier.
- (6) In the case of a formal investigation, assist the investigating officer in obtaining information.
- d. Soldiers who incur injuries or diseases incident to training will promptly notify their unit commander or the officer having administrative responsibility.
- e. Administrative personnel and other unit personnel involved in the preparation of a line of duty report are responsible for the prompt and accurate accomplishment of required actions. CAL ARNG Form 40-2 will be completed and utilized to forward all required documents.

### 4-5. TYPES OF LINE OF DUTY INVESTIGATIONS.

- a. Administrative LODs are only required to be forwarded to the office of the Adjutant General (OTAG) if there is a civilian medical bill. If there is no civilian medical treatment, administrative LOD reports should be filed in the official Military Personal Records Jacket (MPRJ).
- (1) Administrative LODs must not contain evidence of misconduct, neglect, AWOL or prior injury. (Refer to Formal Line of Duty, para 4-10).
- (2) An administrative LOD covers treatment which is completed during the duty period only. Treatment or disability after the training period must be considered in an Informal Line of Duty. (Refer to Informal LOD, para 4-9).
- b. <u>Informal Line of Duties</u> are required if there is treatment or disability following the training period and there is no evidence of misconduct, neglect, AWOL or death.
  - c. Formal Line of Duties are required for the following reasons:
    - (1) Injury or disease incurred not in line of duty (or not in a duty status).
    - (2) Injury as result of misconduct or gross negligence.
    - (3) Injury or disease which occurred during unauthorized absence.
    - (4) Suicide attempt or other mental, psycho-neurotic or personality disorder.
    - (5) Injury or disease that existed prior to service, aggravated by service.
    - (6) Medical condition that may result in permanent disability.
    - (7) Any condition that resulted in death.
    - (8) Disease condition.
    - (9) While traveling to or from training to home stations.
    - (10) As directed by OTAG.

# 4-6. ADMINISTRATIVE LINE OF DUTIES REQUIREMENTS.

- a. Administrative LOD is only required to be forwarded to the Office of The Adjutant General (OTAG) if there is a civilian medical bill. If there is no civilian medical treatment, LOD should be filed in official MPRJ. Administrative LOD is appropriate when treatment is completed during the duty period with no additional treatment required following the duty period.
- b. Refer to paragraph 4-10, Formal Line of Duty if evidence of misconduct, neglect, AWOL or prior injury is present.
- c. Refer to paragraph 4-9, Informal Line of Duty if treatment or disability continues beyond the training period.

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4-7. REQUIRED FORMS TO COMPLETE AN ADMINISTRATIVE LINE OF DUTY. CAL ARNG Form 2173 Statement of Medical Examination and Duty Status. (Reference Appendix A).

- a. Section 1 Completed and signed by the treating physician or hospital administrator.
- b. Section 2 Completed and signed by the unit commander or administrative officer.
- c. Medical treatment records.
- d. Training schedule/orders.

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- e. DA Form 2823 for member/witness(es)
- 4-8. INFORMAL LINE OF DUTY REQUIREMENTS. Informal LODS are only required if there is treatment or disability following the training period. An informal LOD is not appropriate if there is evidence of misconduct, neglect or AWOL. Incapacitation payroll is forwarded with the Informal and Formal Line of Duty when soldier is incapacitated beyond the training period.
- 4-9. REQUIRED FORMS TO COMPLETE AN INFORMAL LINE OF DUTY. (Reference Appendix B).
  - a. CAL ARNG Form 2173, Statement of Medical Examination and Duty Status.
- b. DD Form 2823, Sworn Statement. Use for <u>both</u> injured soldier and witness statements. Statements do not require soldiers to be sworn or advised of their rights. (Refer AR 600-8-1 para 400-3c 1-2).
  - c. Medical treatment records from both civilian and military medical facilities as appropriate.
- d. Documentation that reflects the duty period and status at the time of the injury or disease. (i.e. Annual Training orders or IDT Training Schedules).
- e. Other documents as required which assist in the determination of eligibility for benefits. Example: accident reports, physicals, etc.

#### 4-10. FORMAL LINE OF DUTY INVESTIGATION.

- a. A Formal Line of Duty investigation is required when there is evidence that the injury or disease is:
  - (1) Incurred not in the line of duty or not in a duty status.
  - (2) A result of misconduct or gross negligence.
  - (3) Incurred during unauthorized absence.
  - (4) A suicide attempt or related to mental, psycho-neurotic or personality disorder.
  - (5) An injury or disease that existed prior to service, and aggravated by service.
  - (6) A medical condition that may result in permanent disability.

- (7) A condition that resulted in death.
- (8) Caused by a disease condition.
- (9) Incurred traveling to or from training to home station.
- (10) As directed by OTAG.
- b. The senior command will appoint an investigating officer on orders.

#### 4-11. REQUIRED FORMS TO COMPLETE A FORMAL LINE OF DUTY INVESTIGATION. (Reference Appendix C).

- a. Order appointing investigating officer.
- b. DD Form 261, Report of Investigation.
- c. CAL ARNG Form 2173, Statement of Medical Examination and Duty Status.
- d. DD Form 2823, Sworn Statement. Use for both injured soldiers and witness statements. (Refer AR 600-8-1 Para 40-3c 1-2).
  - e. Medical reports (Military/Civilian medical facilities as appropriate).
- f. Rights warning procedures/waiver certificate DA Form 3881. (Only if member is suspected of any offenses, misconduct or drug and alcohol use).
  - g. Accident/Police Report (if applicable).
- h. Documentation that reflects the duty period and status at the time of injury or disease. (i.e. Annual Training Orders or IDT Training Schedules).
- i. Adverse letter if found not in line of duty (refer AR 600-8-1 figure 40-5 exhibit K)
- 4-12. JAG REVIEW. All completed formal investigations must have a Judge Advocate General (JAG) review. JAG reviews will be coordinated by the Support Branch, OTAG, for the purpose of:
  - a. Determination of whether legal requirements have been complied with.
- b. Ascertain if any errors exists and if so, whether such error has a material or adverse effect on any individuals rights.
- c. Determine whether the findings of the investigation are supported by substantial evidence or lack of it.
- d. Examine the investigation to see if potential claims may be involved. This is of special concern where medical care has been furnished and the Government may be entitled to recover third party medical claims.
- 4-13. APPROVAL. All LOD investigations must be routed through the next higher command. The Battalion Administrative Officer or senior full-time supervisor will certify for accuracy and completeness using transmittal form CAL ARNG 40-2.

# CHAPTER 5 INCAPACITATION (INCAP) PAYROLL

- 5-1. PURPOSE. This chapter prescribes the procedure for initiating an incapacitation payroll. In addition, it explains the public laws that govern the granting of incapacitation pay and describes the criteria and forms needed to submit a complete incapacitation payroll.
- 5-2. APPLICABILITY. This chapter applies to Army National Guard M-Day soldiers who are incapacitated beyond the training period. The injury or disease must have been found to be in the line of duty.
- 5-3. PUBLIC LAWS. There are three Public Laws that have been enacted by Congress that govern the awarding of incapacitation pay depending on the date of injury.
- a. The "Old Law" Pertains to injuries received on/or before

  16 November 1986. The soldier is paid full military pay and allowances, regardless of civilian job status.
  - b. Public Law 99-661 Includes injuries incurred between 17 November 1986 29 September 1988.
- (1) Soldier must have incurred a loss of income. The burden of proof is with the soldier. Soldier can receive compensation for loss of non-military income up to full military pay and allowances.
  - (2) Unemployed soldiers receive Drill pay only.
  - c. Public Law 100-456 Pertains to injuries from 30 September 1988 to present, as follows:
- (1) If an unemployed soldier found unfit for military duty by a doctor is eligible for full military pay and allowances per rank and PEBD.
- (2) If a soldier is found unfit for military duty by a doctor but is able to work at his/her civilian job, he/she receives full military pay and allowances per rank and PEBD minus any earned income from his/her civilian job (Drill pay is not authorized if civilian income exceeds full military pay and allowances). Earned income is defined as "income from salaries, wages, business profits, commissions, tips and unemployment compensation."
- (3) If a soldier is found fit for military duty by a doctor but is unable to work at his civilian job, he/she receives incap pay for his loss of civilian income up to full military pay and allowances per his rank and PEBD.
- (4) An unemployed soldier who is determined fit for military duty by a doctor in his MOS duties and requirements but is still not medically cured 100% does not receive incapacitation pay.
- 5-4. INCAPACITATION PAYROLL FORMS REQUIRED. Initial request for incapacitation pay should accompany the LOD. Subsequent request for incapacitation pay should be made every 30 days. (Reference Appendix D).
  - a. CAL NG Form 37-2C: Request for Approval for Incapacitation Pay.
  - b. CAL ARNG Form 37-9: ADAPS Payroll Certificate. (each payroll).

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c. CAL NG Form 40-6-2: Disability Statement. A new CAL ARNG Form 40-6-2 must be included in every payroll. The soldier must continue to go to the military physician every month.

- d. CAL NG Form 37-D: Disability Counseling Statement. This statement outlines the responsibilities and requirements of the soldier who receives incapacitation pay. After the soldier has read and signed the disability counseling statement, he should be provided with a copy for his records. (Required with the initial payroll only).
- e. CAL NG Form 37-2E: Employer Statement. A new employers statement must accompany each new payroll submitted to OTAG. It must be signed and dated by the employer. If employee has received any sick leave or annual leave, the dates received will be included on the form. (If the soldier is self-employed CAL NG Form 37-2F Self-Employed Statement will be substituted).
- f. Check Stubs: Include a copy of the last two check stubs from the soldier. (Required with the initial payroll only).
  - g. CAL NG Form 37-2H: Soldier Claim Form. Must be completed and signed each month.
- h. CAL ARNG Form 40-2 (Appendix) will be utilized to transmit all incapacitation payrolls to Support Branch, OTAG for necessary action.
- 5-5. OTHER DOCUMENTS. The first incapacitation payroll submitted to OTAG will include the CAL NG Form 37-D, two check stubs and a copy of the military orders or IDT Training Schedule, Certificate of Training, RMA, or SUTA.
- 5-6. APPROVALS. There are three levels of approval for incapacitation pay. The authority level depends upon the duration the soldier receives incapacitation pay.
  - a. The first 90 days of paid incapacitation is approved by OTAG.

- b. The next 90 days of paid incapacitation is approved by National Guard Bureau (NGB).
- c. For all cases beyond 180 days, HQ, Department of the Army approval is required.
- 5-7. Payroll Processing. A completed incapicitation payroll will be reviewed and authorized by Support Branch, OTAG and forwarded to the United States Property and Fiscal Office (USPFO) for processing. USPFO forwards the payroll to the U.S. Army Finance and Accounting Office for payment. The actual check is issued from the Presidio of San Francisco and sent directly to the individual.

# CHAPTER 6 STATE COMPENSATION INSURANCE FUND (SCIF)

- 6-1. GENERAL. The Office of The Adjutant General insures State employees for illness or injury received in the performance of their duties. The program provides benefits in the form of temporary disability pay (TD), rehabilitation, vocational training, placement and other services as required. Payment of medical bills and benefits is administered through SCIF offices statewide. Benefits are assigned upon request from the employing state agency (i.e. California National Guard) and continue until an employee is returned to duty or a permanent disability settlement is awarded. No state benefits may be awarded that duplicate any federal benefits received by the individual.
- 6-2. ELIGIBILITY. Personnel in the California National Guard who are not permanent employees in the Office of The Adjutant General are considered State employees under the provisions of Section 340 California Military and Veterans Code. This status is applicable during drills, annual training, state emergencies and other duties as directed by the commander in an official status.
- 6-3. APPLICATION PROCEDURES. Application for benefits must be submitted to the Office of The Adjutant General, Support Branch, 2829 Watt Avenue, Sacramento CA 95821-0405.
- 6-4. REQUIRED FORMS. The following documents are required. (Reference Appendix E)
  - a. SCIF Form 3067: Employers Report of Occupational Injury or Illness.
  - b. SCIF Form 3301: Employee's Claim for Workers Compensation Benefits.
- c. DD Form 2823: Sworn Statements. Use for both injured soldier and witness statements. Statements do not require soldier be sworn or advised of their rights.
- d. A repayment agreement form is required if applicant has requested federal benefits for the same injury/illness. State law prohibits receipt of duplicate benefits. All temporary SCIF benefits must be repaid by the applicant upon receipt of federal benefits.
- 6-5. PROCESSING PROCEDURES. The Support Branch, Office of The Adjutant General reviews applications to determine eligibility for benefits. SCIF Form 3067 is completed and authenticated for submission to the regional SCIF office proximate to the soldier's home of record. The SCIF office establishes a direct relationship with the applicant. The SCIF office generally coordinates with the Office of The Adjutant General to determine the appropriate type of compensation and/or benefits that will be provided.
- 6-6. RESTRICTIONS/DENIAL/APPEALS. The California Military and Veterans Code precludes award of duplicate benefits for personnel also receiving federal benefits. A soldier cannot receive federal incapacitation pay and state temporary disability pay for the same injury/period. It is possible that a soldier could receive state and federal benefits if it is determined that they are mutually exclusive. Benefit applications may be denied by the Office of The Adjutant General or the regional SCIF office for a variety of reasons to include: insufficient documentation, injury/illness did not occur while in a state status, misconduct, alcohol/drug involvement or duplicative federal benefits. Appeals for denied applications may be submitted to the Workers Compensation Appeals Board. In these cases a judge will hear the appeal. Individuals are responsible for securing their own representation (if they desire a lawyer) for these proceedings.

### 6-7. RELATED PUBLICATIONS/REFERENCES.

California Military and Veterans Code
California Labor Code
SCIF Pamphlet 13710 (Your Guide to Workers Compensation)
SCIF Pamphlet 13769 (Workers' Compensation Reform)

# CHAPTER 7 MEDICAL EVALUATIONS

- 7-1. GENERAL. If a soldier cannot perform MOS duties due to mental or physical problems, a medical/psychological evaluation may be requested by the soldiers unit commander. An evaluation will be made to determine fitness for duty which may result in MOS reclassification or discharge.
- a. A medical/psychological evaluation is requested by memorandum. Requests must include back-up information, medical records and statements, etc.
- 7-2. SUBMISSION. The commander's request for medical/psychological evaluation is sent to OTAG, ATTN: CAMP-SB. A two month suspense date is placed on the transmittal letter to the 175th Medical Brigade. A copy of the transmittal letter is sent to the requesting unit by CAMP-SB.
- a. Once an appointment is scheduled, the applicable medical unit will notify the soldiers unit as to the time and date of the appointment. The unit is responsible for contacting the soldier and arranging transportation to the medical facility for the evaluation.
- b. It is mandatory that the soldier attend the scheduled medical evaluation appointments. The Unit Commander has the discretion to discharge a soldier for failure to keep a scheduled medical appointment in accordance with NGR 600-200.
- 7.3. **COMPLETION.** Once the medical/psychological evaluation is completed, it will be transmitted with DA Form 3349 to CAMP-SB by the examining facility.
- a. The soldier is able to return to duty if given a profile of a "1" or "2" unless otherwise restricted by his MOS as identified in AR 611-201. The unit will be notified of soldiers status.
- b. A soldier with a profile of "3" or "4" may be subject to reclassification or discharge. The Unit Commander will be notified and has the responsibility to make this decision and respond to CAMP-EPMS before the suspense date.

# CHAPTER 8 DEATH CASES

- 8-1. DEATH NOTIFICATION. Upon notification of death, it is the units responsibility to call the Emergency Operations Center (EOC) (916) 973-3440 to make a Serious Incident Report (SIR). Once the EOC is notified, the unit should immediately notify Support Branch (916) 973-3335 for initiation of an Advance Report, Servicemens Group Life Insurance (SGLI) paperwork, appointment of a survivor's assistance officer and notification procedures for next of kin (if necessary).
- 8-2. **REQUIRED INFORMATION.** Information required to initiate a Report of Death. (Refer to Appendix F).
  - a. Soldiers name, social security number and rank.
  - b. Date, place and cause of death.
  - c. Date and place of birth, race and religious preference.
  - d. Was soldier in duty status at time of death?
  - e. Beneficiaries (name, address, and relationship to deceased).
  - f. Date of record of Emergency Data Form (DD Form 93).
  - g. Person handling funeral arrangements.
  - h. Date, time and place of service.
  - i. Was soldier a technician?
  - i. Was soldier married? Any children?
- 8-3. SGLI DOCUMENTATION. The unit is to furnish to Support Branch, OTAG the following documentation for initiation of SGLI processing. (Refer to Appendix F)
  - a. Report of Death (see para 12-7, AR 600-8-1 for format).
  - b. A Certified Death Certificate (Original copy).
  - c. DA Form 41 or DD Form 93 and VA Form 29-8286.
  - d. Copy of last two leave and earning statements on which SGLI was deducted.
  - e. Military Personnel Records Jacket (if not at CAMP-CARE).
  - f: Statement of number of assemblies for which pay is due (may be included on report of death).
  - g. A copy of the unit training schedule (only if on duty status).
- h. Police reports and coroners reports are required if death was caused by other than natural causes.
- i. CAL ARNG Form 40-2 (Appendix) will be utilized to transmit all documents to Support Branch, (CAMP-SB) OTAG.

# CHAPTER 9 MEDICAL BILLS

- 9-1. PURPOSE. This chapter explains the procedures for submitting medical bills related to treatment authorized in the line of duty.
- 9-2. APPLICABILITY. All itemized medical bills received by a unit or a service member related to treatment received for injury or disease will be forwarded to OTAG, ATTN: CAMP-SB for determination and processing. This section applies to all soldiers no matter their status, (AGR, AT or IDT).
- 9-3. AUTHORITY FOR TREATMENT. Treatment in a civilian medical or dental facility is not authorized without prior written or verbal authorization by the Chief, National Guard Bureau or his designee.
- a. Treatment obtained without authorization or treatment not related to the injury incurred in the line of duty is the personal responsibility of the soldier.
- b. Treatment obtained as a result of injury or disease found not to be in the line of duty may be the personal responsibility of the soldier.
- c. Medical bills received by OTAG, CAMP-SB that are found not in the line of duty or unauthorized will be forwarded to the individual soldier for payment. The soldiers unit will be notified of the action. The unit will counsel the soldier on his/her responsibility for payment and the treatment facility/hospital will be notified by Support Branch.

#### 9-4. AUTHORIZED PAYMENT.

- a. Medical bills are authorized for payment upon approval of the line of duty.
- b. Medical bills received by Support Branch with line of duty action still pending will be held unit line of duty determination is complete.
- c. Medical bill(s) under \$2,500 total are authorized for payment by the Support Branch. OTAG and processed for payment by USPFO.
- d. Medical bills over \$2,500 total require National Guard Bureau authorization. Processing and payment takes up to 60 days.

# APPENDIX A

	TTAL FORM See CAL PAM 40-2 for complete instructions.
Line of Duty ☐ Incapacitation	☐ Death ☐ Medical Bills ☐ Other
Office of the Adjutant General State Military Forces ATTN: CAMP-SB P. O. Box 214405 Sacramento, CA 95821-0405	From: Cdr, 40th Personnel Svc Company 440 Arden Way Sacramento, CA 95828-0000
Date: 25 May 1989 POC: SFC Madison,	Charles Phone: (916)788-0098
furnish an audit trail.  INSTRUCTIONS TO COMPLETE FORM: Check-off	inventory items attached and obtain signature of BN or rAG, ATTN: CAMP—SB Box #20. Special Instructions are AM 40-2 for complete instructions.
SOLDIER'S NAME: SSG LOVE, Larissa M.	SSN: 124-00-0081 DOI: 23 Apr 89
INFORMAL LOD  CAL ARNG Form 40-2 CAL ARNG Form 2173 Injured Soldier's Statement (DD Form 2823) #1 Witness Statement(s) (DD Form 2823) #1 Medical Treatment Records (CAL NG Form 40-6-2) #8  AT Orders/IDT Training Schedule #6 Other Documents #2  ADMINISTRATIVE LOD  CAL ARNG Form 40-2 CAL ARNG Form 2173  # See special instructions. (Refer to reverse side for INCAP and DEATH invent	FORMAL LOD  CAL ARNG Form 40-2 DD Form 261 Order Appointing Investigating Officer. CAL ARNG Form 2173 Letter of Adverse Personnel Action #7 Injured Soldier's Statement (DD Form 2823) #1 Witness Statement(s) (DD Form 2823) #1 Medical Treatment Records (CAL NG Form 40-6-2) DA Form 3881 Rights Warning #3 Accident/Police Report #4 Map (showing direct route) (As Required) AT Orders/IDT Training Schedule #6
Administrative Officer Certification:  i certify that I have personally reviewed the attached accordance to CAL PAM 40-2.  25 May 1989	GEORGE G. SCOTT/MAD MAJE FROM TURE

INCAPACITATION PAYROLL	and the state of the
	DEATH CASE
1. Initial Payroll:	DEATH ONCE
☐ CAL ARNG Form 40-2	☐ CAL ARNG Form 40-2
CAL ARNG FORM 40-2	☐ Death Report
☐ CAL ARNG Form 37-9	Example AR 10-7
☐ CAL NG Form 37-2H	para 10-7
☐ CAL NG Form 37-2E (If required)	☐ Certified Death Cert.
☐ CAL NG Form 37-2F (If required)	DD Form 93
☐ Check Stub (If required)	☐ VA Form 29-8286
☐ CAL ARNG Form 40-6-2/Doctors Statement	☐ Last three LES
☐ CAL NG Form 37-D	☐ MPRJ File #5
☐ CAL ARNG Form 2173, with approval	☐ Statement of pay due
☐ DA Form 261, with approval	☐ Unit Training
☐ AT Order/IDT Training Schedule	Schedule #6
And the second second second second	☐ Police Report*
2. Additional Payrolls	☐ Coroner Report*
☐ CAL NG Form 37-2C	
☐ CAL ARNG Form 37-9	
☐ CAL NG Form 37-2H	*Depending on the cause
☐ CAL NG Form 37-2E (If required)	of death (gun shot wound,
☐ CAL NG Form 37-2F (If required)	auto accident, etc).
☐ Check Stub (If required)	
☐ CAL ARNG Form 40-6-2 #8	
SPECIAL INSTRUCTIONS	
1. DD Form 2823 should be used if available.Pla	in hand or natabook samer can be substituted.
1. DD Form 2823 should be used it available. Pla	t in the investigation/determination. (physicals, accident reports,
	till the miresugation dotermination (projection)
maps, etc).	suspected or accused of any offense under the UCMJ.
Accident/police report are required if a vehicle	le accident is directly related.
5. Forward MPRJ unless stored at CAMP-CARE	(Indicate MPRJ's location in comments.)
6 AT Orders/IDT training Schedule are required	d when on duty status.
2 : of residentian for not in-line-of-duty fin	idinge and adverse personnel action pending.
8. CAL ARNG Form 40-6-2 must be submitted w	ith each INCAP payroll request. A doctor's medical statement can
be substituted in place of the CAL ARNG Form	m 40-6-2.
COMMENTS:	
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	STATEME	NT OF MEDICAL EXA this form, see NGR 600-3: the prop	MINATION AN	D DUTY STATU	S
THRU: (Include ZIP Code)	, or see 0	TO: (Include ZIP Code)		FROM: (Include Z	P Code)
011-		OTAG (CAMP-SB)			onnel Svc Company
Channels		P.O. Box 214405		440 Arden	
		Sacramento, CA	95821-0405	Sacrament	In GRADE
1 NAME OF INDIVIDUAL EXAMINED LOVE, Larissa	(Lest, First, and Middle k	ntiel)		124-00-0081	SSG
4 ORGANIZATION AND STATION 40th Personne	. Samuica Co	maaau	5.		FORMATION
Sacramento, C	Α -	· · · · · · ·	23 Apr 89		berts, CA
SECTIO	N I - TO BE COMP	LETED BY ATTENDING P	HYSICIAN OR HOS	PITAL PATIENT A	MINISTRATOR
6 INDIVIDUAL WAS DE OUT PATI	ENT	7. NAME OF HOSPITAL OR TRE	TMENT FACILITY C	CIVILIAN (ZŠ MRLITAR)	Y
8 HOUR AND DATE ADMITTED	N/A	<u> </u>	9 HOUR AND DATE E	Apr 89	
10 DIAGNOSIS AND EXTENT OF I		ASE - RESULTING IN DEATH	(Explain)		
11 MEDICAL OPINION: a. INDIVIDU	•	AS NOT UNDER THE INFLUENCE (	OF ED ALCOHOL C	DRUGS (Specify):	
		SOUND (Alech Psychiatric evaluation		n st	ŀ
		O RESULT IN A CLAIM AGAINST T		FUTURE MEDICAL CARE.	· <b></b>
		CURRED IN LINE OF DUTY (Add bea			·
		TO SERVICE AND I WAS A		ED BY SERVICE.	
12 THE FOLLOWING DISABILITY M	MY RESULT		13 BLOOD ALCOHOL TEST MADE	14, NO. OF M	S ALCOHOL/100 ML BL000
					bject blew into her
Sm was enroute right eye causi	to place of ing minor ir	duty and due to ritation.	nigh winds,	a interior	object blew into her
16 DATE	17. TYPED OR PRINTED	NAME OF ATTENDING JENT ADMINISTRATOR		SIGNATURE	
23 Apr 89	JOHN G. S		X	HANK	A Muth 18th
	SECTION II	- TO BE COMPLETED BY	UNIT COMMAND	ER OR UNIT ADVIS	ER /
19 DUTY STATUS			20	HOUR AND D	ATE OF ABSENCE
PRESENT FOR DUTY.			s. FROM		:
ABSENT WITH AUTHO			E OF MH ITABY DUTY IF	volain in item 30 type of du	ity missed, hours of duty, and how it did or
did not interfere with performan	CO)	ENALO WIN THE PERFORMANCE		'	
22. INDIVIOUAL WAS ON CACTIVE DUTY CX ACTIV		22 HSC 503	23.	HOUR AND D	ATE OF TRAINING
LED INACTIVE DUTY TRAN	NING			pr 89	2400 6 May 89
	<del></del>	EASE PROCEEDING 🗀 IN A DIR			28. NORMAL TIME FOR TRAVEL
25 MODE OF TRANSPORTATION		BEGINNING TRAVEL	27. DISTANCE INVOL	9	
29 ADDITIONAL INSTRUCTIONS	FOR INJURIES OR DEAT	IS CAUSED BY INJURIES RECEIVE	D IN ROUTE TO OR FRO	M TRAINING: INCLUDE	MANNER OF TRAVEL, ROUTE FOLLOWED AND
30 FINDINGS BASED ON COMMA	NOER'S INVESTIGATION	OUTY, INCLUDE RELEASE TIME A linclude names, SSNs and address an duty station of	ne of witnesses - continu	e on reverse it needed) when an ob	ject blew into her
right eye caus	ing irritat reatment for	ian Recalled her	r duty stati e was no wit	ness to the	d the TMC, she stopped incident and SSG Love
· j	·		* *		
]	**				
	. •	and the second second			
31 FORMAL LINE OF DUTY INVE	STIGATION REQUIRED	<u> </u>	32 HUURY IS CONS	IDERED TO HAVE BEEN I	NCURRED IN LINE
L) YES CH NO			OF DUTY (Not a	pplicable on deaths) NO	
33 DATE	UNIT ADVISER	BRADE OF UNIT COMMANDER OR		SIGNATURE	1 X
23 Apr 89	GEORGE G	. SCOTT, MAJ, CD	" U	NOUK C	1/ rath car

#### DISABILITY STATEMENT AND COMPLETE REPORT OF ATTENDING PHYSICIAN

Note to attending physician: Please complete the statement below if this Guard member is incapacitated and cannot perform normal military duties. To help you make that determination, the individual's normal military duties are outlined below.

(to be completed by unit prior to submission to physician)

71L30 Administrative Normal military duties for: (Service member's MOS) Typing, filing and various other office requirements for Consist of the following administrative assistances SSG Love, Larissa M. 124-00-0081 23 Apr 89 I have examined (Name and SSN) Disabled from Date expected to return to normal military duty: (without limitation) Cause of disability: (Final Diagnosis) Type medical treatment furnished: Nature of healing process (prognosis): Is it in the best interest of the Federal Government to continue medical treatment rather than to place, the service member before a Medical Evaluation Board? yes \_\_ This individual (is)\* (is not)\* permanently disabled. If permanently disabled of if temporarily disabled for more than 90 days, the individual (has)\* (has not)\* been scheduled for a (Medical Evaluation Board)\* (Physical Evaluation Board)\* in accordance with AR 40-3. Current medical profile: (by service physician) JOHN G. SMITH, MD LIC# 245908 <u>Camo Roberts</u> (Typed or printed name of physician \*Strike out inapplicable term and medical treatment facility)

#### (THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

AUTHORITY: 32 USC 318 and 319; 37 USC 204(h); Sections 340 and 341, California Military and Veterans Code.

FRINCIPAL PURPOSES: To verify member's disability caused by service connected injury or disease. To determine final diagnosis. Social Security Number is used for identification.

ROUTINE USES: Used within the California Army National Guard to determine eligibility for disability pay and treatment in a service hospital or at government expense. Used to determine final diagnosis in line of duty investigations and determinations. Used by State Compensation Insurance Fund as an agent of the State of California to verify entitlement to State Compensation when tederal benefits are delayed.

DISCLOSURE IS VOLUNTARY Failure of member or his physician to provide requested information may result in delay in payment for member and approximate disposition of member's case (Comp Gen decision #B-185404, 2 Aug 76).

		(dale)
		(uaie)
SUBJECT	FRAVEL ORDERS AND AUTHORIZATION FOR TREATMENT	
0	MEDICAL TREATMENT FACILITY. ATTN PATIENT ADMINISTRATION THE ADJUTANT GENERAL, CALIFORNIA NATIONAL GUARD, ATTN CAMP-SB UNITED STATES PROPERTY and FISCAL OFFICER for CALIFORNIA, ATTN CAUS-TR TRANSPORTATION OFFICER	
	Individual Concerned	
		·
i The followi AR 40 3 and i	egimember of the California Army National Guard is authorized medical care under the provisions of para 6, f is ordered to report for treatment as indicated:	NGR 40/3, and para 4/2
	(Last Name, First Name, Mt., SSN, Rank, Unit, Unit Address and ZIP Code)	
Alfached to.		
	(Name, Address and ZIP Code of Medical Treatment Facility)	
Reporting Dal	CPeriod	
	I Treatment □ Evaluation □ Remediat Surgery □ MEB □ PEB	•
Additional inst	tructions. Report to Patient Administration for an appointment in	al hou
lidesired, fran will be forward	tres on processing) Insportation Officer witl furnish transportation request and meal tickets. Memorandum copy of transportation reduced to United States Property and Fiscal Officer for California, Camp San Luis Obispo, CA 93403-8660. Transportation and the California of the Califo	avel of dependents an
FOR ARNG/A	ARMY USE	
AUTH <sup>,</sup>	32 USC 318; 37 USC 204(h) For all injuries incurred in line of duty. Also for diseases incurred in li white under orders not specifying 30 days or less.	ne of duty
D	32 USC 319; For diseases incurred in line of duty while under orders specifying 30 days or less Do not use for diseases incurred during inactive duty fraining.	
	elassification: FY 89 Tvl, (Off) 2192060 18-1004 P2U21.1000 (211J,219J) /BF0 S04376, (	
	211J.219J) /8F0 S04376. (NOTE: Enter UIC in blank for officer or enlisted ac	counting classification
HOR FORMAT 445		
2 Backgroun	ed and status at time of injury/disease are as follows:	
_	ng performed: DIDT DAT DIFTTD DIREPTRNG DIOTHER	
inclusive date	es of training:	
Location whe	re diséase or injury occurred:	
Date of occur	<b>刘遵正对"李允","是一"是"李允","一"是"李允","李允","李允","李允","李允","李允","李允","李允",</b>	
Line of Duty S		
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		173 is inclosed, reque
	eatment facility complete CAL ARNG Form 40-6-2. If a DA Form 2173 or CAL ARNG Provisional Form 2	
	lat form also be completed. These two forms should be returned to this headquarters along with any civilia	

CAL ARNG Form 40-6-1

1 Nov 88

(Replaces CAL ARNG Form 40-6-1 dated 17 Feb 88)

(Signature and signature block of Adjutant)

, STATE OF CALIFORNIA OFFICE OF THE ADJUTANT GENERAL P.O. Box 214405 - 2829 Watt Avenue Sacramento, California 95821-4405

### PERMANENT ORDERS 62-13

4 November 1988

HHC 1st Bde 40th Inf Div HHC 2d Bn 160th Inf Det 1 HHC 2d Bn 160th Inf Co A 2d Bn 160th Inf Co B 2d Bn 160th Inf Co C 2d Bn 160th Inf Co D 2d Bn 160th Inf Det 1 Co D 2d Bn 160th Inf Co E 2d Bn 160th Inf HHC 3d Bn 160th Inf Co A 3d Bn 160th Inf Co 8 3d Bn 160th Inf Co C 3d Bn 160th Inf Co D 3d Bn 160th Inf Co E 3d Bn 160th Inf HHC 1st Bn 185th Armor Co A 1st Bn 185th Armor Co B 1st Bn 185th Armor Co C 1st Bn 185th Armor Co D 1st Bn 185th Armor HHB 2d Bn 144th FA Btry A 2d Bn 144th FA Btry B 2d Bn 144th FA Btry C 2d Bn 144th FA Svc Btry 2d Bn 144th FA HHD 40th Spt Bn Co A 40th Spt Bn Co B 40th Spt Bn Co C 40th Spt Bn Det 2 Co A 132d Engr Bn 40th Pers Svc Co

The Army National Guard unit shown and its members are ordered to annual training for the period indicated and will proceed from home station to duty station shown. Upon completion of annual training, return to home station and terminate annual training status.

Authority: NGB Training Authority CA-11 FY 89, 32 USC 503
and Sections 142 and 368 California Military and Veterans Code

Duty station: Camp Roberts CA

Period: 22 Apr - 6 May 89 (15 days including travel time) TDC: 101

Accounting classification: Off Pay & alw 2192060 18-1004 P1A10.1000-1100,1200 S04376

Off Tvl & PD 2192060 18-1004 P1A50.1000-2100 S04376

EM Pay & alw 2192060 18-1004 P1A30.1100-1100,1200 S04376

EM Tvl & PD 2192060 18-1004 P1A60.1100-2100 S04376

Additional instructions: Payrolls will be accomplished in accordance with instructions contained in CAL ARNGR 350-5. Units are authorized group travel by commercial charter bus if appropriate. Accounting classification:

#### APPENDIX B

TRANSMIT The proponent of this form is CAMP-SB. See	FAL FORM  e CAL PAM 40-2 for complete instructions.
☑ Line of Duty ☐ Incapacitation ☐	Death  Medical Bills  Other
Office of the Adjutant General State Military Forces ATTN: CAMP-SB P. O. Box 214405 Sacramento, CA 95821-0405	From: HHB, 2d Bn 144th FA 260th W. Huntington Drive Arcadia, CA 91006-3401
Date: 8 May 89 POC: SGT Tirzah Bond	, Unit Clerk Phone: (818) 447-1147
furnish an audit trail.	ventory items attached and obtain signature of BN or 3, ATTN: CAMP—SB Box #20. Special Instructions are 40-2 for complete instructions.
SOLDIER'S NAME: DOE, John J. RFC	SSN: 001-22-0345 DOI: 23 Apr 89
DOCUMENT INVENTORY FOR LOD:	
INFORMAL LOD	FORMAL LOD
☐ Other Documents #2  ADMINISTRATIVE LOD  ☐ CAL ARNG Form 40-2 ☐ CAL ARNG Form 2173  # See special instructions. (Refer to reverse side for INCAP and DEATH inventor	□ CAL ARNG Form 40-2 □ DD Form 261 □ Order Appointing Investigating Officer. □ CAL ARNG Form 2173 □ Letter of Adverse Personnel Action #7 □ Injured Soldier's Statement (DD Form 2823) #1 □ Witness Statement(s) (DD Form 2823) #1 □ Medical Treatment Records (CAL NG Form 40-6-2) □ DA Form 3881 Rights Warning #3 □ Accident/Police Report #4 □ Map (showing direct route) (As Required) □ AT Orders/IDT Training Schedule #6
Administrative Officer Certification: I certify that I have personally reviewed the attached deaccordance to CAL PAM 40-2.	ocuments and found them to be correct and complete in
13 May 1989	Charles T. Travis/MAJ June Thomas PRINT/TYPE NAME/RANK AND SIGNATURE

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INCAPACITATION PAYROLL		
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1. Initial Payroll: 100 100 100 100 100 100 100 100 100 10	DEATH CASE	
anta a satema a segui segui satema a sa	☐ CAL ARNG Form 40-	
☐ CAL ARNG Form 40-2	<del></del>	<b>4</b>
☐ CAL NG Form 37-2C	☐ Death Report	
☐ CAL ARNG Form 37-9	Example AR 10-7	
☐ CAL NG Form 37-2H	para 10-7	
☐ CAL NG Form 37-2E (If required)	Certified Death Cert.	
☐ CAL NG Form 37-2F (If required)	DD Form 93	
☐ Check Stub (If required)	☐ VA Form 29-8286	er e e
☐ CAL ARNG Form 40-6-2/Doctors Statement	Last three LES	
☐ CAL NG Form 37-D	☐ MPRJ File #5	
☐ CAL ARNG Form 2173, with approval	Statement of pay due	De Maria de La Caracteria de La Caracteria de La Caracteria de La Caracteria de Caracteria de Caracteria de Ca
☐ DA Form 261, with approval	☐ Unit Training	
☐ AT Order/IDT Training Schedule	Schedule #6	
1. C. 人名英格兰 (1985年) 1. A.	☐ Police Report*	
2. Additional Payrolls	□ Coroner Report*	
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☐ CAL NG Form 37-2C		
☐ CAL ARNG Form 37-9	the second second second second	
☐ CAL NG Form 37-2H	*Depending on the caus	se
☐ CAL NG Form 37-2E (If required)	of death (gun shot wour	
☐ CAL NG Form 37-2F (If required)	auto accident, etc).	
☐ Check Stub (If required)		
☐ CAL ARNG Form 40-6-2 #8		
SPECIAL INSTRUCTIONS		
1. DD Form 2823 should be used if available.Plain bond	or notebook paper can be	substituted.
2. Submit other documents as required to assist in the i	nvestigation/determination	. (physicals, accident reports,
maps, etc).		
3. Rights warning are required only if soldier is suspected	ed or accused of any offens	e under the UCMJ.
<ol> <li>Accident/police report are required if a vehicle accid</li> </ol>	ent is directly related.	
5. Forward MPRJ unless stored at CAMP-CARE. (Indica	te MPRJ's location in comr	nents.)
6. AT Orders/IDT training Schedule are required when	on duty status.	entra de la companya
7. Letter of notification for not-in-line-of-duty findings at	nd adverse personnel actio	n pending.
8. CAL ARNG Form 40-6-2 must be submitted with each	INCAP payroll request. A de	octor's medical statement can
be substituted in place of the CAL ARNG Form 40-6-2	2.	<u></u>
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STATEME	INT OF MEDICAL EXA	onent econov is The State \$	dilitary Department	
THRU: (Include ZIP Code)	TO: (Include ZIP Code)  OTAG (CAMP-SB) P.O. Box 21440 Sacramento, CA	5	FROM: (Include Z HHB 2d Bn 260th W. I	luntington Drive CA 91006-3401
NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle DOE, John J.	finition.	2. <b>SS</b> / 001	l-22-0345	3 GRADE PFC
onganization and station HHB, 2d Bn 144th FA Arcadia, CA		s. 23 Apr 89	Camp Rol	berts, CA
SECTION 1 - TO BE COM	PLETED BY ATTENDING P	HYSICIAN OR HOSP	MITAL PATIENT AL	MINISTRATOR
ADMITTED CO DEAD ON ARRIVAL	Silas B. Hayes	ACH, Ft. Or	d, CA	
HOUR AND DATE ADMITTED N/A	ing sekalah bilanggan dari Sekalah bilanggan b		1530	23 Apr 89
DIAGNOSIS AND EXTENT OF \$\times \text{INJURY } = \text{ORS}  Sprained Right Wrist		* <u>* * * * * * * * * * * * * * * * * * </u>		
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23 Apr 89 John Q.	He fell while IO D NAME OF ATTENDING ATTENT ADMINISTRATOR Smith, MAJ, MD	ading marrat	Din V	Smill may Mi
SECTION  9 DUTY STATUS	II - TO BE COMPLETED BY	UNIT COMMANDE	HOUR AND D	ATE OF ABSENCE
PRESENT FOR DUTY ABSENT WITHOUT AL		e. FROM N/A		N/A
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTER did not interfere with performence) □ YES □ NO	RFERRED WITH THE PERFORMANC	E OF MILITARY DUTY (Exp		
22 INDIVIDUAL WAS ON  ACTIVE DUTY ACTIVE OUTY FOR TRAINING INACTIVE DUTY TRAINING		1 "	22 Apr 89	b END 1700 6 May 89
N/A	R BEGINNING TRAVEL N/A	27. DISTANCE INVOLV	ED.	N/A
29 ADDITIONAL INSTRUCTIONS FOR INJURIES OR DEA POINT OF INCIDENT WITEM 30. IF PROCEEDING FRO 30 FINDINGS BASED ON COMMANDER'S INVESTIGATED PFC Doe was loading a M57 Camp Roberts, CA. During M577, landing on his right where it was determined to SSG Paul W. Spencer, 987-31 FORMAL LINE OF DUTY INVESTIGATION REQUIRED	M Control National Release I mail of Microscope I command Carriery the loading, PFO of side and wrist that his right wr-65-4321, witness	r for hasty d C Doe slipped . SM was eva ist was sprai ed this accid	ion reverse if needed).  It is placement I and fell facuated to to the condition of the con	from firing point 2 from the top of the the Camp Roberts TMC, INE OF DUTY. ess unknown.
CO YES DE NO 34 TYPE NAME AND	GRADE OF UNIT COMMANDER OF		NO. SIGNATURE	
UNIT ADVISER 23 April 1989 CURTIS M.	KELLEY, CPT, FA,	CDR	With	M. Telky ch

CAL ARNG Form 2173 1 JUN 88°

TO BE USED IN PLACE OF DA FORM 2173 BY THE CALIFORNIA ARMY NATIONAL GUARD

For use of this form, see AR 1	SWORN ST	ATEMENT	ffice of T	he Deputy C	hief of	Staff for Per		
Camp Roberts, CA	for the second	23 Apr		1600	hrs	PILE NUME	<b>老</b> 典	
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DOE, John Jay		001-2	2-0345	<del> </del>	لـــــــــــــــــــــــــــــــــــــ	PFC		
RGANIZATION OR ADDRESS HHB, 2d Bn 144th FA, 260th W.	Huntington D	rive, A	rcadia	, CA 9	1006	-3401		- 1, i
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. John J. Doe on 23 Apr 89, at 1445 hours,	L was nufting	WANT TO	MAKE T	dear on	wing the	M577 C	NT UNE	DER GAT
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DA FORM 2823 SUPERSEDES DA FORM 2020, 1 JAN 90, WHICH WILL BE USED.

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1. John J. Doe	THE STAT	EMENT
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ONTAINING THE STATEMENT. IN THE STATEMENT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN	Col. V. Ili	
F PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN	John Y. Slace	<u> </u>
F PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN	(Signature of Egreen Making Statement)	<u> </u>
F PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN	(Signature of Sylvan Making Statement)  Subscribed and aware to before me, a person authorized	d by 1 #
F PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN	(Signature of Sylvan Making Statement)  Subscribed and swarn to before me, a person authorized to administer only, this 23 day of April	. 1:89
F PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN WITHESSES:  JOHN G. DOUGH	(Signature of Sylvan Making Statement)  Subscribed and aware to before me, a person authorized	d by 1 # , 188 <u>9</u>
F PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN  WITHESSES:	(Signature of Sylvan Making Statement)  Subscribed and awarn to before me, a person authorized to administer ceths, this 23 day of April  April  April	, 148 <u>9</u>
F PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN  WITHESSES:	(Signature of Sylvan Making Statement)  Subscribed and swarn to before me, a person authorized to administer perha, this 23 day of April  April  April  April	d by 1 # , 198 <u>9</u>
F PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN  WITHESSES:	(Signature of Person Making Statement)  Subscribed and swarm to before me, a person authorized to administer onthe, this 23 day of April  April  (Signature of Person Administering Oats)	. 1•8 <u>9</u>
F PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN  WITHESSES:	(Signature of Sylvan Making Statement)  Subscribed and swarn to before me, a person authorized to administer perha, this 23 day of April  April  April  April	. 198 <u>9</u>
NITHESSES:	(Signature of Person Making Statement)  Subscribed and sworn to before me, a person authorized to edminister onths, this 23 day of April  (Camp Roberts, CA  (Signature of Person Administering Oats)  JOHN G. DOUGH	. 148 <u>9</u>
WITNESSES:	(Signature of Person Making Statement)  Subscribed and sworn to before me, a person authorized to administer eaths, this 23 day of April  April  (Signature of Person Administering Oats)  JOHN G. DOUGH	. 189
JOHN G. DOUGH  CPT, IN, CAARNG  Investigating Officer  ORGANIZATION OR ABORESS	(Signature of Person Making Statement)  Subscribed and swarm to before me, a person authorized to administer onths, this 23 day of April  April  (Signature of Person Administering Outh)  (Typed Name of Person Administering Outh)	. 1189
WITHESSES:	(Signature of Person Making Statement)  Subscribed and sworn to before me, a person authorized to administer eaths, this 23 day of April  (Camp Roberts, CA  (Signature of Person Administering Oath)  (Typed Name of Person Administering Oath)	. 1189

SWORN STATEMENT For use of this form, see AR 190-45: the proponent agency is Office of The Deputy Chief of Staff for Parsonnal.				2 (
Camp Roberts, CA	23 Apr 89	1600 hrs	FILE NUMBER	
SPENCER, Paul William	987-65-432		SSG/E6	
ORGANIZATION OR ADDRESS HUR 2d Rn 144th FA 260th W. Huntington	Drive. Arcadi	a. CA 91006	-3401	

On 23 Apr 89 at 1445, I was standing by the M577 Command Carrier (APC) supervising the loading of personal gear for a Hasty Displacement exercise from firing point 20, Camp Roberts, CA. PFC Doe was carrying two ruck sacks to load throught the top hatch. He attempted to climb up to the top hatch and lost his footing and fell to the ground. He stated his right wrist was hurt and I summoned help and PFC Doe was transported to Camp Roberts TMC. There was not misconduct involved. END OF STATMENT

EXHIBIT INITIALS OF FERSON MAKING STATEMENT PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED."

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND

BE INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE ! WILL

BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM

A FORM 2823 SUPERSEDES DA FORM 1989, 1 JAM 68, WHICH WILL BE USED.

ORGANIZATION OR ADDRESS	(Туре		To Administ			
			erean Admit	terestrik A		
	JOHN G.	DOUGH d Name of P	- A A- 1-	Jana Fa 7	ath)	
ORGANIZATION OR ADDRESS	(519)	nature of Pie	oon Against	reine Da	un)	
CPT IN CAARNG	7	July 1	$\sim$	Field	2026	
JUHN G. DOUGH	to administer eaths, to et <u>Camp Robe</u>	rts, CA		<u> </u>	<del></del>	<del>,</del>
WITH ESSES:	Subscribed one to administer eaths, if	d swim to be	ofere me, a l	ersen sull	horized by , 1	8
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INDIVIDUAL SICK SLIP  ILLNESS  INJURY	23 Apr 89
LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT  DOE, John J.  SERVICE NUMBER/SSN  OO1-22-0345 PFC/E3	ORGANIZATION AND STATION  HHB, 2 / 144 th FA  260 W. Huntington Drive  ARCadia, CA 91006-3401
UNIT COMMANDER'S SECTION  IN LINE OF DUTY  Ves	MEDICAL OFFICER'S SECTION IN LINE OF DUTY  VE.S
possible broken (R) Wrist -	DISPOSITION OF PATIENT DUTY QUARTERS  SICK BAY HOSPITAL  NOT EXAMINED OTHER (Specify):
Fell off M577 Command Carrier and hurt ® Side and ® wrist	TRANSPORT TO MTF at FT. ORD FOR X-RAY
SIGNATURE OF UNIT COMMANDER (ULLIS) U Falley, CPT, FA, CdR	SIGNATURE OF MEDICAL OFFICER  Adofo C. Courrisat, MD

N 7540-00-634-4176	CHRO	NOLOGICAL RECORD OF MEDICA	L CARE
HEALTH RECORD	SYMPTOMS, DIAGNOS	IS. TREATMENT, TREATING ORGANIZATIO	N (Sign each entry)
DATE		$\label{eq:constraints} \mathcal{A}(x) = \frac{1}{2} \left( \frac{1}{2} \left$	and the second of the second o
23 Apr 89		The said	
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PATIENT'S IDENTIFI	CATION (Use this space for Mechanical	MAINTAINED	SEX
	The Art of the State of the Sta	PATIENTS NAME (Last, First, Middle initial)  DOE JOHN	DANKIGGAL
	order and the second of the se	RELATIONSHIP TO SPONSOR	PFC/E
		SPONSOR'S NAME	ORGANIZATION HHB 2/144 F
		The Control of the Co	DATE OF B
		DEPART SERVICE SSNIDENTIFICATION I	~345 M6636

### APPENDIX B (continued)

#### DISABILITY STATEMENT AND COMPLETE REPORT OF ATTENDING PHYSICIAN

Note to attending physician: Please complete the statement below if this Guard member is incapacitated and cannot perform normal military duties. To help you make that determination, the individual's normal military duties are outlined below:

(to be completed by unit prior to submission to physician)

Normal military duties for:	13F10 Fire Sup		
transfer transfer a consecutive to	(Service me	ember's MOS)	
Consist of the following _	Be able to walk, run	, squat, crawl	and fire a weapon.
Re totally abl	e to work with no res	trictions in a	field environment.
De coraity aux	TO WOLK WICH OF CO		
I have examined	PFC John J. Doe, 001-2	2-0345	on 23 April 1989
	(Name and	SSN)	(Date)
Disal	plad from 23 April 198	39 to 20 M	1AY 1989
Disat	oled from 23 Apail 193 (Date)	(Da	te)
2 MT - 2			
Date expected to return	to normal military duty:	<u> </u>	<del></del>
(**************************************	mination		
Cause of disability:	Right Wrist S	VKQINU (Final Diagnosia	A
		`	·
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limited duty	, ice & ele	vate in	evenings
Alatina of heating	(managia); Fond	- Full Re	covery expected -
KETURN TO	Full Duty 4	weeks.	Annual Control of the
	/ · · · · · · · · · · · · · · · · · · ·		the est with esthem to whose the estimate
is it in the best interest of	the Federal Government to coal Evaluation Board? yes	onunue medicai trea Kno	atment rather than to place the service
This individual (is n	ot)* permanently disabled. If	permanently disab	led or if temporarily disabled for more
than 90 days, the indivi	dual (has)* (has not)* been	scheduled for a (N	fedical Evaluation Board)* (Physical
Evaluation Board) in ac	cordance with AR 40-3.		Board date: N/A
Current medical profile:	PULHES		
(by service physician)		· <b>A</b> . N	(1) 100
t e e e	1131111	(Jaka)	I War MC
		7	(Physician's Signature)
23 April	1989		John Q. Smith, MAJ, MC
WY LINKI	1   0		LIC # 28460921
Date :	ngrieu)		-
*Strike out inapplicable	term		(Typed or printed name of physician and medical treatment facility)
Cance out mappineable			

### (THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

AUTHORITY: 32 USC 318 and 319: 37 USC 204(h); Sections 340 and 341, California Military and Veterans Code.

PRINCIPAL PURPOSES: To verify member's disability caused by service connected injury or disease. To determine final diagnosis. Social Security Number is used for identification.

ROUTINE USES: Used within the California Army National Guard to determine eligibility for disability pay and treatment in a service hospital or at government expense. Used to determine final diagnosis in line of duty investigations and determinations. Used by State Compensation Insurance Fund as an agent of the State of California to verify entitlement to State Compensation when federal benefits are delayed.

DISCLOSURE IS VOLUNTARY: Failure of member or his physician to provide requested information may result in delay in payment for incapacitation or delay in final disposition of member's case (Comp Gen decision #8-185404, 2 Aug 76).

, STATE OF CALIFORNIA OFFICE OF THE ADJUTANT GENERAL P.O. Box 214405 - 2829 Watt Avenue Sacramento, California 95821-4405

### PERMANENT ORDERS 62-13

4 November 1988

HHC 1st Bde 40th Inf Div HHC 2d Bn 160th Inf Det 1 HHC 2d Bn 160th Inf Co A 2d Bn 160th Inf Co B 2d Bn 160th Inf Co C 2d Bn 160th Inf Co D 2d Bn 160th Inf Det 1 Co D 2d Bn 160th Inf Co E 2d Bn 160th Inf HHC 3d Bn 160th Inf Co A 3d Bn 160th Inf Co B 3d Bn 160th Inf Co C 3d Bn 160th Inf Co D 3d Bn 160th Inf Co E 3d Bn 160th Inf HHC 1st Bn 185th Armor Co A 1st Bn 185th Armor Co B 1st Bn 185th Armor Co C 1st Bn 185th Armor Co D 1st Bn 185th Armor HHB 2d Bn 144th FA Btry A 2d Bn 144th FA Btry B 2d Bn 144th FA Btry C 2d Bn 144th FA Svc Btry 2d Bn 144th FA HHD 40th Spt Bn Co A 40th Spt Bn Co B 40th Spt Bn Co C 40th Spt Bn Det 2 Co A 132d Engr Bn 40th Pers Svc Co

The Army National Guard unit shown and its members are ordered to annual training for the period indicated and will proceed from home station to duty station shown. Upon completion of annual training, return to home station and terminate annual training status.

Authority: NGB Training Authority CA-11 FY 89, 32 USC 503
and Sections 142 and 368 California Military and Veterans Code

Duty station: Camp Roberts CA

Period: 22 Apr - 6 May 89 (15 days including travel time) TDC: 101

Accounting classification: Off Pay & alw 2192060 18-1004 P1A10.1000-1100,1200 S04376
Off Tvl & PD 2192060 18-1004 P1A50.1000-2100 S04376
EM Pay & alw 2192060 18-1004 P1A30.1100-1100,1200 S04376
EM Tvl & PD 2192060 18-1004 P1A60.1100-2100 S04376
Additional instructions: Payrolls will be accomplished in accordance with instructions contained in CAL ARNGR 350-5. Units are authorized group travel by commercial charter bus if appropriate. Accounting classification:

#### APPENISIX C

TRANSMIT  The proponent of this form is CAMP-SB. Se	TAL FORM DE CAL PAM 40-2 for complete instructions.
Line of Duty 🔲 Incapacitation 🖸	
Office of the Adjutant General State Military Forces ATTN: CAMP-SB P. O. Box 214405 Sacramento, CA 95821-0405	From: HHC, 40th Inf Div (M) 2876 E. Vendor Street Los Alamitos, CA 90720-5001
POC: CPT Henry Doe	Phone: (213) 493-8475
furnish an audit trail.	are logged in and out to provide control at all levels and to
MACOM Administrative Officer (AO). Forward to OTAC provided on the reverse side of this form. See CAL PAM	G, ATTN: CAMP—SB Box #20. Special Instructions are
OLDIER'S NAME: MSG JEFFERSON, George C.	SSN: 123-45-6789 DOI: 16 Jun 89
DOCUMENT INVENTORY FOR LOD:	FORMAL LOD
□ CAL ARNG Form 40-2 □ CAL ARNG Form 2173 □ Injured Soldier's Statement (DD Form 2823) #1 □ Witness Statement(s) (DD Form 2823) #1 □ Medical Treatment Records (CAL NG Form 40-6-2) #8 □ AT Orders/IDT Training Schedule #6 □ Other Documents #2  ADMINISTRATIVE LOD □ CAL ARNG Form 40-2 □ CAL ARNG Form 2173 # See special instructions. (Refer to reverse side for INCAP and DEATH inventor)	☐ CAL ARNG Form 40-2 ☐ DD Form 261 ☐ Order Appointing Investigating ☐ Officer. ☐ CAL ARNG Form 2173 ☐ Letter of Adverse Personnel Action #7 ☐ Injured Soldier's Statement (DD Form 2823) #1 ☐ Witness Statement(s) ☐ (DD Form 2823) #1 ☐ Medical Treatment Records ☐ (CAL NG Form 40-6-2) ☐ DA Form 3881 Rights Warning #3 ☐ NA☐ Accident/Police Report #4 ☐ NA☐ Map (showing direct route) ☐ (As Required) ☐ AT Orders/IDT Training ☐ Schedule #6 ☐ Ty)
Administrative Officer Certification:  I certify that I have personally reviewed the attached daccordance to CAL PAM 40-2.	locuments and found them to be correct and complete in
28 July 1989	DOE, HENRY/CPT TONY THE

CAL ARNG Form 40-2

MOADAGITATION DAVIDOLE	
INCAPACITATION PAYROLL	
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1. Initial Payroll:	DEATH CASE
the second of th	e <u>St</u> erner <del>was e</del> n and the contract of the c
☐ CAL ARNG Form 40-2	☐ CAL ARNG Form 40-2
☐ CAL NG Form 37-2C	☐ Death Report
☐ CAL ARNG Form 37-9	Example AR 10-7
☐ CAL NG Form 37-2H	para 10-7
☐ CAL NG Form 37-2E (If required)	☐ Certified Death Cert.
☐ CAL NG Form 37-2F (If required)	DD Form 93
☐ Check Stub (If required)	☐ VA Form 29-8286
CAL ARNG Form 40-6-2/Doctors Statement	Last three LES
CAL NG Form 37-D	☐ MPRJ File #5
	☐ Statement of pay due
CAL ARNG Form 2173, with approval	
DA Form 261, with approval	Unit Training
☐ AT Order/IDT Training Schedule	Schedule #6
	Police Report*
2. Additional Payrolls	☐ Coroner Report*
☐ CAL NG Form 37-2C	
☐ CAL ARNG Form 37-9	
☐ CAL NG Form 37-2H	*Depending on the cause
☐ CAL NG Form 37-2E (If required)	of death (gun shot wound,
☐ CAL NG Form 37-2F (If required)	
☐ Check Stub (If required)	auto accident, etc).
☐ CAL ARNG Form 40-6-2 #8	
SPECIAL INSTRUCTIONS	
SPECIAL INSTRUCTIONS	
4. DD Com 0000 should be used if suchable Disk hand a	a natabanta manaz ann ha authatitutad
DD Form 2823 should be used if available.Plain bond of the state	r notebook paper can be substituted.
2. Submit other documents as required to assist in the in	vestigation/determination. (physicals, accident reports,
maps, etc).	
3. Rights warning are required only if soldier is suspected	or accused of any offense under the UCMJ.
4. Accident/police report are required if a vehicle accide	
5. Forward MPRJ unless stored at CAMP-CARE. (Indicate	
6. AT Orders/IDT training Schedule are required when or	
7. Letter of notification for not-in-line-of-duty findings and	dadverse personnel action pending.
8. CAL ARNG Form 40-6-2 must be submitted with each II	
be substituted in place of the CAL ARNG Form 40-6-2.	
COMMENTS:	
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CAL ARNG Form 40-2 (26 Mar 90)

(Reverse)

REPORT OF INVESTIGATION			DATE					
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1 INVESTIGATION OF	482 48		1.3					
INJURY DISEASE DEATH					ULAR OR EAD			
TO control Army on Alle Roses Commandes	)							
Chief National Guard Bur	eau, Washir	igton D.	c., 20310-	2500	1		ORE THAN 30 0 DAYS OR LE	
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JEFFERSON, George C.	NITIAL	123-45		4SG/E8	3	. C SHC	AT TOUR OF	C T.VE
7 ORGANIZATION AND STATION OF IND	IVIDUAL		/	,		4. X DUTY FOR TRAINING		NG
HHC, 40th Infantry Divis:	ion (M). Lo:	s Alamii	tos, CA 90'	720 <u>-5</u> 0	01		DURATION	
OTHER MILITARY PERSONNEL INVOLV	ED IN SERVICE	E NUMBER	GRADE	GATION	A E 3 t t.	(Appli	ONLY to Je	and 3d)
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. REMARKS MSG JEFFERSON WA	s walking w	ith SPC	Michaels	to the	e mes	s area	for Lunch	•
He began to experience s	evere chest	pains	and shortn	ess o	f bre	ath. S	PC Michae	12
summoned help and MSG Je	fferson was	taken	to Twin Ul	ties	Comm	nospita	L. Inere	ak ak
no particular incident t	hat can be	singled	out as na	ving	bad	never h	eld befor	e).
The fact that MSG Jeffer	son was act	ing 150	d positi	on ne	nau tione	never n	ed with th	e hot
the in-the-field environ	ment under	SIMUTA	ed compac	COIRGI	OLOHE	coupic		• ,,,
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CADH-AP-PA

23 June 1989

MEMORANDUM FOR: CPT John G. Dough, Jr., 222-33-4444, HHC 40th Inf Div (M)

SUBJECT: Appointment of Investigating Officer Formal LOD Pertaining to: MSG George C. JEFFERSON, 123-45-6789.

- 1. Effective 23 June 1989, CPT John G. Dough, Jr., 222-33-4444, is appointed as an Investigating Officer.
- 2. Authority: AR 600-8-1, NGR 600-3.
- 3. Purpose: To perform a Line of Duty Investigation IAW AR 600-8-1, NGR 600-3, obtaining the details pertaining to the heart attack of MSG George C. Jefferson, 123-45-6789, HHC, 40th Inf Div (M) that occurred at Camp Roberts, CA on 16 June 89.
- 4. Period: Until the investigation is completed and no further investigation is required, unless released sooner by the appointing authority.
- 5. Special Instructions: Conduct of this investigation will be your primary duty until the investigation is submitted to the appointing authority. Your findings will be supported by substantial evidence and by a greater weight of evidence than supports any different conclusion. Your report of investigation will be submitted to this Headquarters NLT 30 June 1989.

FOR THE COMMANDER:

PETER B. PRINCIPLE

CW4, CA ARNG

Asst AG

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS  For use of this form, spe NGR 600-3; the proponent agency is The State Military Department							
THRU: (Include ZIP Code)		TO: (Include ZIP Code)				IP Co	de) (213)493-8475
	8.8	OTAG (CAMP-SB)	** ** * * * *	10.	HHC, 40th		
CHANNELS	* * *	P.O. Box 21440	5	- 1	2876 E. V		
en e		Sacramento, CA	95821-0	405	Los Alamii	tos,	CA 90720-5001
1. NAME OF INDIVIDUAL EXAMINED (L		le initial)	F	2. 58H	1 1 1		3. GRADE
JEFFERSON, George	C.		en de la	12:	<u>3-45-6789                                    </u>		MSG/E8
4 ORGANIZATION AND STATION HHC, 40th Inf Div	5		5. DATE		ACCIDENT &		ATION
la la francia de la companya de la c					- C1		
LOS Alamitos, CA 90720-5001   16 Jun 89   Camp Roberts, CA SECTION I-TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR							
SECTION 1- TO BE COMPLETED BY ATTENDING PHYSICIAN ON NOSPITAL PATIENT ADMINISTRATION  5 INDIVIDUAL WAS   OUT PATIENT							
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10. DIAGNOSIS AND EXTENT OF	HAUURY 🔅 D	ISEASE 🗀 RESULTING IN DEATH (					
Acute Myocardial 1	Infarcati	on	. Professional			-	·
11. MEDICAL OPINION: a INDIVIDUAL	□ WAS K	WAS NOT UNDER THE RIFLLIENCE O	F 🗀 ALCOHOL	<b>-</b> 0	RUGS (Specify):		
b INDIVIDUAL 💢 WAS 🗆 W	AS NOT MENTAL	LY SOUND (Attach Psychiatric evaluatio	n if appropriate).				•
c. INJURY OR DISEASE (C) 16	IS NOT LIKEL	Y TO RESULT IN A CLAIM AGAINST TH	IE GOVERNMENT F	OR FUTL	JRE MEDICAL GARE.		
d HUURY OR DISEASE 🏠 WAS	WAS NOT	INCURRED IN LINE OF DUTY (Add bee	le for opinion in Hem	1\$).			
CONDITION OÓ DID □ DI	NOT EXIST PRIC	HI TO SERVICE AND CH WAS	WAS NOT AGGRA	VATED B			
12. THE FOLLOWING DISABILITY MAY  NONE ESTIMATE OF TIME TEMPORARY CD PERMAN	1 000 mm	PERMANENT TOTAL	13. BLOOD ALCOH		1	N/A	HOL/160 ML BLOOD
15. DETAILS OF ACCIDENT OR HISTO	RY OF DIBEASE (h	ow, where, when)					
On 16 Jun 89 at ap	prox 120	O hrs, patient c/o	severe a	rm pa	ain, nausea	a, d	leveloped into
severe chest pain,	, dysnea	<u>and shortness of b</u>	reath.				
16 DATE 17.		ED NAME OF ATTENDING		18. 5131	WATURE	<b>~</b> i	Wa Zw
16 Jun 89		M. Masten, MD		2	Male	2//	/ssom
	SECTION	H - TO BE COMPLETED BY	UNIT COMMA	NDER (	PRIVINE ADVISE	R	
19. DUTY STATUS			20.		HOUR AND DA		ABSENCE
PRESENT FOR DUTY - AB			a. FROM		<b>6. TO</b>		
ABSENT WITH AUTHORIT				N/A			N/A
21. ABSENCE WITHOUT AUTHORITY did not interfere with performance)  22. YES INO	MATERIALLY INTE N/A	REFERRED WITH THE PERFORMANCE	OF MILITARY DUTY	f (Explain	n in item 30 type of dut	, misse	d, hours of duty, and how a did or
22. INDIVIOUAL WAS ON			23.		HOUR AND DA		
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☐ INACTIVE DUTY TRAINING	_				0 Jun 89		2400 24 Jun 89
		ISEASE PROCEEDING 🗀 IN A DIRE			ECT ROUTE   TO D		
25. MODE OF TRANSPORTATION N/A	26. HOU	R BEGINNING TRAVEL	27. DISTANCE IN	_		26. NC	RMAL TIME FOR TRAVEL
		N/A	N//		Albunio Incluine M	AMME	N/A OF TRAVEL ROUTE FOLLOWED AND
POINT OF INCIDENT IN ITEM 30. IF F	PROCEEDING FRO	NTHS CAUSED BY INJURIES RECEIVED MI DUTY, INCLUDE RELEASE TIME AN ON finclude names, SSNs and eddresse	D DESTINATION AL	<b>S</b> O.			TOP TOTAL INSTITUTE OF THE
							8
SSN: 987-65-4321,	when he	for HHC 40th Inf began complaining	of chest	pair	ns and had	a a	hard time
	breathing. The weather was very hot and MSG Jefferson was under a lot of pressure.						
He was taken to Twin Cities Community Hospital and admitted for a heart attack.							
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	and the second of the contract						
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED. 32. NUMBY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE							
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17 Jun 89 M	IARY V. GI	REENWOOD, CPT, AG,	Cdr	///	and "x	pu	ا الدرجانسان

CAL ARNG Form 2173 1 JUN 88

TO BE USED IN PLACE OF DA FORM 2173 BY THE CALIFORNIA ARMY NATIONAL GUARD

For use of this form, see AR 190-45: the proponent LOCATION Camp Roberts, CA	DATE 17 Jun 89	TIME	FILE HUMBER
LAST HAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY	Y NUMBER.	GRADE'STATUS
JEFFERSON, George C.	123-45-6789		MSG/E8
HHC, 40th Infantry Division (M), Los Alamite	os, CA 907	20-5001	
eng am o di katalan da da da Katalan da			
At Annual Training 89, I was made 1SG because a family emergency at home. I have never stress because I had so much to do. The was some lunch around 1200 hours with SPC Michaeling in my arms and someone had just students.	use the ISG er been a IS eather was v aels and I f	G before and very hot. I felt as if I	e AT early because d I felt a lot of was walking to get had lost all
SPC Michaels I could not walk anymore and	I felt chest	pains. He	helped me to si:
down on the ground and got help. I was tal I had a bad heart condition. END OF STATE	Ken to the c MFNT	ivilian nosį	oital. I never knew
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A PORK 2922 SUPERSEDES DA FORM MARS, 1 JAN 88, WHICH WILL BE USED.

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	LY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE
MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL! CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FR	CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE REELY WITHOUT HOPE OF BENEFIT <u>OR</u> REWARD, WITHOUT THREAT
OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE	
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	Desine C. Sexperson, 1129
WITH ESSES:	(Signature of Parents Making Statement)
	Subscribed and swem to before me, a person authorized by I w
JOHN C DOMEN	
	e edminister eaths, this 17 day of June , 1989
	* Twin Cities Community Hospital CA
Investigating Officer ORGANIZATION OR ADDRESS	Lohn J. Augh
***************************************	
	(Signature of Person Administrating Code)
	JOHN G. DOUGH
	The A Manage of Passes Administrated Contains
	(Typed Name of Person Administering Oath)
ORGANIZATION OR ADDRESS	
	Admit antin En Administra Santini
	(Authority To Administer Oathe)
INITIALS OF PERSON MAKING STAYEMENT	PAGE 2 OF 2 PAGES
	PASE 4 OF 4 PASES

SWORN S For use of this form, see AR 199-45: the propose	TATEMENT	The Deputy Chief	of Staff for Person	nel. '
LOCATION	DATE	TIME	FILE HUMBER	
Camp Roberts, CA	18 Jun 89	1430	<u> </u>	
AST NAME, FIRST NAME, MIDDLE HAME	SOCIAL SECURIT	and the second s	GPADE/STAT	,
MICHAELS, Steven W. DROANIZATION OF ADDRESS	987-65-432	1	SPC/E4	
HHC, 40th Inf Div (M), Los Alamitos, CA	90720-5001			
i, Steven W. Michaels In the field at Annual Training 89 at Can 1SG, MSG Jefferson to the mess tent for l arm and said he could not walk anymore he numb. I helped him to sit on the ground room at a civilian hospital. I found out	unch. MSG Je was having o and got help.	while wall fferson sto hest pains He was to	cing with topped and g and his are aken to the	he acting rabbed my m felted emergency
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ORGANIZATION OR ADDRESS			<del></del>	
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INITIALS OF PERSON MAKING STATEMENT				
			PAGE OF	PAGES

INDIVIDUAL SICK SLIP  ILLNESS INJURY	16 JUN 1989
TEFFERSON, GEORGE C.  SERVICE NUMBER/SSN GRADE/RATE  123-45-6789 MSG/E8	HHC, 40th Inf DIV LOS Alamitos CA
IN LINE OF DUTY Yes	MEDICAL OFFICER'S SECTION IN LINE OF DUTY
chest pain	DISPOSITION OF PATIENT DUTY DUARTERS  SICK BAY MOSPITAL NOT EXAMINED OTHER (Specify):
	Transport to TC Hosp Via Hinbulance
Mua El Senhard, 156	Margie Morningster, SPC, 91B

#### DISABILITY STATEMENT AND COMPLETE REPORT OF ATTENDING PHYSICIAN

Note to attending physician: Please complete the statement below if this Guard member is incapacitated and cannot perform normal military duties. To help you make that determination, the individual's normal military duties are outlined below (to be completed by unit prior to submission to physician) 11B40 <u>Infantryman</u> Normal military duties for (Service member's MOS) A total field environment MOS requiring running, long road marches Consist of the following: and various other strenous activities 123-45-6789 16 Jun 89 MSG Jefferson, George C. I have examined (Name and SSN) 16 JUN 89 Disabled from eval by Military Physician Date expected to return to normal military duty: (without limitation) Acute Cause of disability Thrombolytic theras Type medical treatment furnished: GOOD Nature of healing process (prognosis): is it in the best interest of the Federal Government to continue medical treatment rather than to place the service member before a Medical Evaluation Board? yes \_\_\_\_\_ no This individual (is)\* (is not)\* permanently disabled. If permanently disabled or if temporarily disabled for more than 90 days, the individual (has)\* (has not)\* been scheduled for a (Medical Evaluation Board)\* (Physical Evaluation Board)\* in accordance with AR 40-3. Board date: Current medical profile: (by service physician) (Physician's Signatur CHARLES M. MASTEN, MD LIC#078121 (Typed or printed name of physician and medical treatment facility)

#### (THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

AUTHORITY: 32 USC 318 and 319: 37 USC 204(h); Sections 340 and 341, California Military and Veterans Code.

FRINCIPAL PURPOSES: To verify member's disability caused by service connected injury or disease. To determine final diagnosis. Social Security Number is used for identification.

ROUTINE USES: Used within the California Army National Guard to determine eligibility for disability pay and treatment in a service hospital or at government expense. Used to determine final diagnosis in line of duty investigations and determinations. Used by State Compensation Insurance Fund as an agent of the State of California to verify entitlement to State Compensation when federal benefits are delayed

DISCLOSURE IS VOLUNTARY. Failure of member or his physician to provide requested information may result in delay in payment for an application or delay in final disposition of member's case (Comp Gen decision #B-185404, 2 Aug 76).

Replaces CAL ARNG Form 40-6-2 17 Feb 88

\*Strike out inapplicable term

* *	(Battalion or Squadron Letterhead)
	(date)
SUBJECT	TRAVEL ORDERS AND AUTHORIZATION FOR TREATMENT
ro ::	MEDICAL TREATMENT FACILITY, ATTN: PATIENT ADMINISTRATION
	THE ADJUTANT GENERAL, CALIFORNIA NATIONAL GUARD, ATTN: CAMP-SB
	UNITED STATES PROPERTY and FISCAL OFFICER for CALIFORNIA, ATTN: CAUS-TR TRANSPORTATION OFFICER
and the second	and Individual Concerned
enter Egyptic	And growth and the control of the co
l The follower	number of the California Army National Guard is authorized medical care under the provisions of para 6, NGR 40-3, and para 4
AR 40-3 and is	s ordered to report for treatment as indicated:
	(Last Name, First Name, MI., SSN, Rank, Unit, Unit Address and ZIP Code)
Altached to	(Name, Address and ZIP Code of Medical Treatment Facility)
_	Period
Philippingri 🔲	Treatment
Addaluseat usste	ructions. Report to Patient Administration for an appointment inatat
allow 15 minut	ites for processing) /Clinic or Room)
r desired, i ran: will be forward:	sportation Officer will turnish transportation request and meal tickets. Memorandum copy of transportation request and meal tickets. Memorandum copy of transportation request and meal tickets. Description of the control of the cont
nileage or mor	netary allowances are not authorized. Reimbursement for actual expenses is authorized. JTR Vol 1, 6005.
OR ARNG/AF	RMY USE
AUTH 🛛 3	32 USC 318: 37 USC 204(h) For all injuries incurred in line of duty. Also for diseases incurred in line of duty
	while under orders not specifying 30 days or less.
	32 USC 319: For diseases incurred in line of duty while under orders specifying 30 days or less Do not use for diseases incurred during inactive duty training.
Accounting cl	lassification: FY 89: Tvt. (Off) 2192060 18-1004 P2U21.1000 (211.1219.0 //BEO S04376 (Ent) 2192060 18-10
2041 11 <b>0</b> 0 (2	(NOTE: Enter UIC in blank for officer or enlisted accounting classification)
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2 Background	d and status at time of injury/disease are as follows:
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Date of Duty States  3 Request free Section 1 of tha	tence Diagnosis:  tatus Events leading to incident:  patment facility complete CAL ARNG Form 40-6-2. If a DA Form 2173 or CAL ARNG Provisional Form 2173 is inclosed, request form also be completed. These two forms should be returned to this headquarters along with any civilian medical bills.
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C-12

1 Nov 88

JEFFERSON, GEORGE C. TwinCitiesCommunityHospital

Templeton, California 93465

CHIEF COMPLAINT:

Chest pain of one hour's duration.

HISTORY OF .

PRESENT ILLNESS:

George Jefferson is a 48-year-old, Caucasian male who suffered sudden onset of severe substernal chest

pain radiating to both arms at about 11:30 on the morning of admission after having returned from National Guard maneuvers. The patient states that he had suffered a previous mild transfent left arm pain at about 5:30 in the morning while carrying a heavy briefcase. This resolved spontaneously, and did not recur until the onset of the severe pain. The patient was brought by helicopter from Camp Roberts immediately to Twin Cities Hospital Emergency Room, where an electrocardiogram at 12:34 P.M. demonstrated an acute anterior myocardial infarction. He was treated in the Emergency Room with sublingual and topical nitroglycerin, as well as intravenous lidocaine because of ectopy.

PAST MÉDICAL HISTORY:

The patient has no prior history of heart disease, hypertension or diabetes mellitus. He denies

history of ulcer disease or bleeding diathesis.

Prior Surgeries:

Only repair of left medial meniscus in 1974 due to

a chronic post-traumatic injury.

MEDICATIONS:

The patient takes no specific medications.

ALLERGIES:

NONE KNOWN.

SOCIAL HISTORY:

The patient lives in Twin City with his wife and daughter. He does not smoke cigarettes or drink

alcohol.

FAMILY HISTORY:

The patient's family history is unknown,

REVIEW OF SYSTEMS:

Neurological:

Negative.

Pulmonary:

Negative.

Cardiovascular:

The patient has had light-headedness during the past

two weeks.

G.I.:

Negative.

G.Ú.:

Negative.

Integumentary:

Negative.

(CONTINUED ON PAGE TWO)

Patient Jefferson, George C.

Room No.

Hospital No. 07-81-21

Physician

Charles M. Masten, M.D.

HISTORY AND PHYSICAL EXAMINATION

19 Jun 89

TCC-155

TC 3025

JEFFERSON, GEORGE C. TwinCitiesCommunityHospital

Page 2

Templeton, California 93465

PHYSICAL EXAMINATION:

General:

The patient is a well-developed and well-nourished, Caucasian male who is alert and oriented but anxious.

Vital Signs:

HT: 61". WT: 145 lbs. BP: 134/84 mm.Hg. P: 84 per minute. R: 22 per minute.

HEENT:

Head - Normocephalic. Face symmetric. Pupils equal, round and reactive to light and accommodation. Extra-

ocular movements are intact. Funduscopic examination is normal. Ears, nose and throat are normal.

Neck:

There is no jugular venous distention. Carotid pulsations are symmetric without bruit. There is no

thyromegaly.

Chest:

Without deformity or tenderness.

Lungs:

Clear to percussion but demonstrate a few inspiratory

rales at the left base.

**Heart:** 

Cardiac examination demonstrates no displacement of the apical impulse, a normal first heart sound

and physiologically split second heart sound with a soft apical atrial gallop. There is no ventricular gallop or murmur.

Abdomen:

Soft with normal active bowel sounds and no tenderness

or organomegaly.

Rectal:

Not performed.

Genitalia:

Normal.

Extremities:

Symmetric without cyanosis, clubbing or edema. Peripheral pulses are intact and symmetric.

**Neurological:** 

Cranial nerves are intact. Deep tendon reflexes are symmetric and normal. Plantar reflexes flexor.

LABORATORY & DIAGNOSTIC DATA:

Electrocardiogram demonstrates normal sinus rhythm and an acute anterior and lateral infarct with

reciprocal inferior ST-segment depressions.

ASSESSMENT:

Acute anterior myocardial infarction.

PLAN:

1) The patient will be admitted to the Coronary Care Unit for tissue plasminogen activator (TPA) thrombolysis.

(CONTINUED ON PAGE THREE)

Patient Jefferson, George C.

Floom No.

Hospital No. #7-81-2]

Physician Charles M. Masten, M.D.

Date

19 Jun 89

TC 3025

TCC-155

HISTORY AND PHYSICAL EXAMINATION

JEFFERSON, GEORGE C. TwinCitiesCommunityHospital

PLAN (CONT'D):

2) Further diagnostic and therapeutic treatment depends upon the patient's response to acute thrombolytic therapy.

D: 4/10/88-4

Charles M. Masten, M.D.

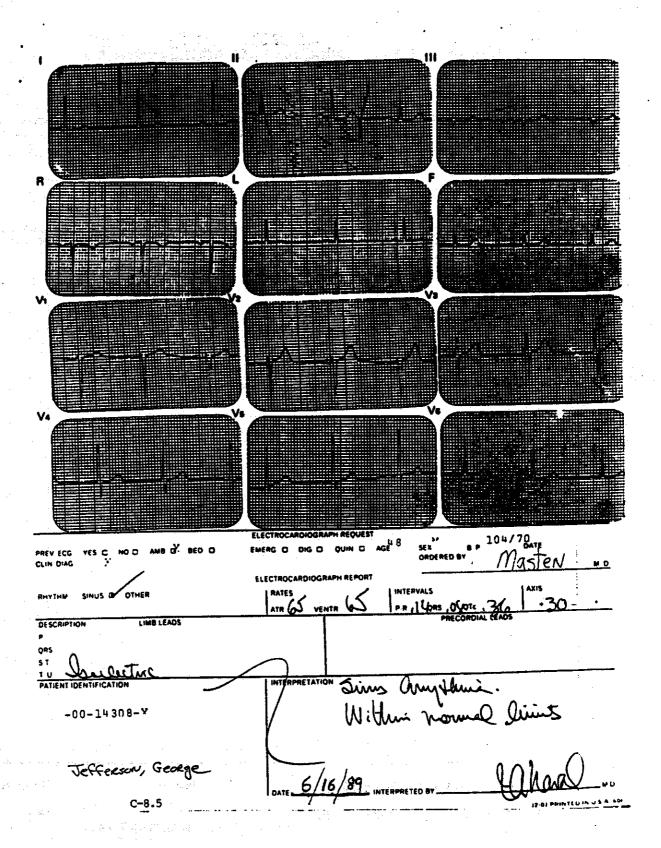
Jefferson, George C.

Hospital No. 07-81-21

Charles M. Masten, M.D.
HISTORY AND PHYSICAL EXAMINATION

19 Jun 89

TCC-156



STATE OF CALIFORNIA
OFFICE OF THE 10JUTANT GENERAL
P.O. Box 214405 - 2829 Watt Avenue
Sacramento, California 95821-4405

PERMANENT ORDERS 1-21

5 January 1989

HHC, 40th Inf Div (M)
Co A 340th Spt Bn
Co B (-) 340th Spt Bn
Det 1 Co B 340th Spt Bn
Co C 340th Spt Bn
HHB 40th Inf Div Arty
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The Army National Guard unit shown and its members are ordered to annual training for the period indicated and will proceed from home station to duty station shown. Upon completion of annual training, return to home station and terminate annual training status.

Authority: NGB Training Authority CA-21 FY 89, 32 USC 503 and Sections 142 and 368 California Military and Veterans Code

Duty station: Camp Roberts CAPeriod: 10-24 Jun 89 (15 days including travel time) TDC: 101

Accounting classification: Off Pay & alw 2192060 18-1004 P1A10.1000-1100, 1200 S04376; Off Tvl & PD 2192060 18-1004 P1A50.1000-2100 S04376; EM Pay & alw 2192060 18-1004 P1A30.1100-1100.1200 S04376; EM Tvl & PD 2192060 18-1004 P1A60.1100-2100 S04376

Additional instructions: Payrolls will be accomplished in accordance with instructions contained in CAL ARNGR 350-5. Units are authorized group travel by commercial charter bus if appropriate. Accounting classification: Officer travel: 2192060 18-1004 P1A50.1000 216C S04376. EM travel: 2192060 18-1004 P1A60.1100 216C S04376. Units are authorized group travel by commercial air if appropriate. Accounting classification: Officer travel: 2192060 18-1004 P1A50.1000 217C S04376; EM travel: 2192060 18-1004 P1A60.1106

BY ORDER OF THE GOVERNOR:

217C 504376. ...

DISTRIBUTION:

OF CALLON OF CALLON

# APPENDIX D

#### INCAPACITATION PAYROLL TRANSMITTAL

HHB, 2d Bn 144th FA (unit)	8 May 1989 (date)
MEMORANDUM FOR Office of the Adjutant Ge P.O.Box 214405, Sacrame	neral, ATTN: CAMP-SB, nto, CA 95821-0405
SUBJECT: Request for Approval of Incapac	itation Pay
1. Request incapacitation pay for PFC Jo	
$SSN = 001-22-0345 \qquad be approved from = 7.8$	May 1989 to 20 May 1989
based on an injury/disease incurred on	23 April 1989
2. Soldier attended training since disab following dates: NONE	ility occurred on the
3. Soldier's MOS/SSI and title when disa	bled. 13F10 Fire Support
Specialist	
4. Enlisted soldier's ETS date: 3 Oct 1	1993
	Long Beach Naval
5. Civilian employer (indicate if unemployers, Long Beach, CA Occupation: Pipe	* *
6. Date returned or expected to return t	o duty:
Military 21 May 1989 Civilian	21 May 1989
7. Address to which check is to be maile	d: PFC John J. Dee
1289 Sheild Drive, Norwalk, CA 92050	
	him/her from performing
CAL NG Form 37-2E/2F CURT	IS M. KELLEY
	FA, CA ARNG anding
DA Form 2173/CAL ARNG Form 2173 CAL NG Form 37-D orders/training schedule	

CAL NG Form 37-2C

#### ADAPS PAYROLL CERTIFICATE

NAME:	John J. Doe	RANK: .	PFC/E3	UNIT: H	B, 2/144t	h FA		
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	YS ACCRUED LEAVE PAID SINCE							-
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۱ . ۶	erformed. If the date(s) of performance are dilay(s) of duty and have requested amendme	lifferent than originally req			na n	5.3	•	
0 2. 1	he individual indicated above has or will rep	ort for duty in accordance				:		
6	completion of the duty, is due pay and allowa by that accrues from this date to the ending "backs for this duty will be delivered to the will	date of the duty will be im	mediately reported to	the USPFO				
	Checks for this duty will be delivered to the in ias knowledge of or has verified performance.		migcl	Al	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	8 May 89	x CURTIS M. K	ELLY	7				
	DATE OF CURTIFICATION	· · · · · · · · · · · · · · · · · · ·	PE NAME/SIGNATI					
CALA	BNG Form 37-9 BEV 1 May 8	MMANDING OFFICER	LI SENIOR SOLDII		ous Editions :	والمراجع والمساورة	atal or box	ucted

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The state of the s		SSN
SOLDIERS CLAIM FORM Reference CAL ARNG Pam 40-2	PFC John L. DOE	001-22-0345
INSTRUCTIONS: All incapacitated soldiers are required to payment. Complete the section that pertains to your case:	prepare this form monthly. It must be included with Section 1 Employed Section 2 Unemployed	h each incapacitation payroll submitted for Section 3 Self-Employed Section 4 All
SECT	ION 1 EMPLOYED SOLDIER	
Therby certify that Lincurred/aggravated the forwhile participating in military training/traveling discussions.	ollowing injury/ <del>čiščššč.</del> sprain right rectly to/from military training.	, ,
2. I further certify that as a result of the above desincome during the period 7 May 1989 month or less for each statment).	scribed injury/disease, I suffered a loss o	of \$ 800.00 of civilian of civ
3. My claim is substantiated by the enclosed lette		
4. In addition, I certify that I received \$NON NOTE: If the soldier does not have sick leave, vaca	IE— from an income protection in pay, or any other income protection in	otin plan (including sick leave, etc.). Insurance pay, he/she must so state.
SECTION	ON 2 UNEMPLOYED SOLDIER	
I herby certify that I incurred/aggravated the for while participating in military training/traveling di	ollowing injury/disease: rectly to/from military training.	in the line of duty
compensation, social security, workman's compereceiving incapacitation pay, I understand it will be and allowances will be reduced by the income be	e my responsibility to notify my unit and/o	r commander to ensure military pay
I herby certify that I incurred/aggravated the formatter		in the line of duty
while participating in military training/traveling di		
2. Further certify that as a result of the above de-	scribed injury/disease, I suffered a loss o	_ (period may only be one calendar
3. I am self-employed and in order to substantiate have enclosed a copy of my latest IRS Form 1040	my claims of lost civilian income for the	period cited in paragraph 2 above, I
4. In addition I certify that I received \$NOTE: If the soldier does not have sick leave, vaca	from an income protection pay, or any other income protection in	tion plan (including sick leave, etc.) nsurance pay, he/she must so state.
SE	CTION 4 ALL CLAIMANTS	
I further certify that the information which I have knowingly and willfully making a false claim or imprisonment for up to 5 years or both. (18 USC 2)	a false statement in connection with a	ct. I understand that the penalty for claim is a fine of up to \$10,000 or
2. I hereby waive my VA compensation. DA Form		<b>ed.</b>
3. Privacy Act statement is enclosed.	a de estado en la composição de la composi La composição de la compo	
B May 1989 SKANL POL	e	

CAL NG Form 37-2H

# DISABILITY STATEMENT AND COMPLETE REPORT OF ATTENDING PHYSICIAN

Note to attending physician: Please complete the statement below if this Guard member is incapacitated and cannot perform normal military duties. To help you make that determination, the individual's normal military duties are outlined below:

(to be completed by unit prior to submission to physician)

Normal military duties for:	13F10 Fire Support	Specialist
76. 1.	(Service member's	s MOS)
Consist of the following	Be able to walk, run, squ	uat, crawl and fire a weapon.
Be totally able	to work with no restrict	tions in a field environment.
A CONTRACTOR OF THE CONTRACTOR		12 A. A. 1 1499
I have examined PFC	C John J. Doe, 001-22-034	
	(Name and SSN)	w .
Disable	od from 23 Apail 1989 to (Date)	o 20 MAY 1989. (Date)
	o normal military duty:31_	
(		
Course of disabilities	Right Wrist Sprai	N
Cause of disability.	(Fir	nal Diagnosis)
entre de la companya	soluit an	ti-inflammatory medication
Type medical treatment tu	rnished:	1. 11. 10. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12
limited duty	, ice & elevate	in evenings
West Agency for early	See All Carlot	Full Recovery expected -
Nature of healing process	(prognosis):	OH ROSSICS CONTRACTOR
Return To	Full Duty 4 wee	cks.
	<b>,</b> .	
Is it in the best interest of th	Evaluation Board? yes	e medical treatment rather than to place the servi
This individual (%)* (is not	)* permanently disabled. If permanently disabled.	anently disabled or if temporarily disabled for mo
than 90 days, the individual Evaluation Board)* in according to the control of th	Jai (mas)" (has not)" been sched	duled for a (Medical Evaluation Board)* (Physic
Evaluation board) in acci	3,081,00 mai 74 i 40 d.	Board date: N/H
Current medical profile:	PULHES	i kanaga ka <u>g</u> a sabusa da 1907.
(by service physician)		11 602 111-11
THE BURE WILLIAM	- 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	John Canun M. M
	AND THE STATE OF T	(Physician's Signature)
23 April	1989	John Q. Smith, MAJ, MC
(Date Sig		LIC # 28460921
		(Typed or printed name of physician
*Strike out inapplicable te	rm <u>s es s</u>	and medical treatment facility)

#### (THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

AUTHORITY: 32 USC 318 and 319: 37 USC 204(h); Sections 340 and 341, California Military and Veterans Code.

PRINCIPAL PURPOSES: To verify member's disability caused by service connected injury or disease. To determine final diagnosis. Social Security Number is used for identification.

ROUTINE USES: Used within the California Army National Guard to determine eligibility for disability pay and treatment in a service hospital or at government expense. Used to determine final diagnosis in line of duty investigations and determinations. Used by State Compensation Insurance Fund as an agent of the State of California to verify entitlement to State Compensation when federal benefits are delayed.

DISCLOSURE IS VOLUNTARY: Failure of member or his physician to provide requested information may result in delay in payment for incapacitation or delay in final disposition of member's case (Comp Gen decision #B-185404, 2 Aug 76).

CAL ARNG Form 40-6-2 1 Nov 88

Replaces CAL ARNG Form 40-6-2 17 Feb 88

EMPLOYER	STATEMENT
7 May	7 1989 <b>To</b> 20 May 1989
INCAPACITATION PERIOD: From / Play	
EMPLOYEE	
John L. Doe	001-22-0345 hereby
(Typed Name) authorize the release of the info	(SSN) rmation requested below.
authorize the release of one	200 - Page 8MH189
Em/	10 Signature SMH/89 Date
EMPLOYER CERTIFICATION	the amount of gross
1. During the period indicated a compensation (wages, tips, commis	
- p-	. The amount lost because
of the disability is \$ 800.0	00 (gross).
of the disability is a	increase protection plan, sick
2. The amount paid, if any, by a leave or advance sick leave or value.	acation program during this
period was \$ NONE	(gross).
3. I understand that this inforclaimant as the basis of a claim further understand that knowingl claimant making a false claim or with a claim is a criminal offen which may subject the parties to	y and willfully assisting a false statement in connection
lengthy imprisonment.	
Date signed: 8 May 1989	(Official Signature)
REMARKS:	Supervisor, Pipefitter Division
REPURIO.	(Title/Position)
	Long Beach Naval Shipyards
	(Company Name)
	Long Beach, CA 90822-5099
	(Address)
	(City)
	_(213) 547 - 6149 ext: 8011 (Telephone Number)

CAL NG FORM 37-2E

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Paragraphy &

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#### APPENDIX D (continued)

#### DISABILITY COUNSELING STATEMENT

- I, the undersigned have been counseled on this date, in order to be eligible for continuance of pay and allowances while disabled from an injury or disease in the line or duty that:
- 1) I must promptly report to my unit when in need of medical or hospital care
- 2) I cannot seek private medical or hospital care without first obtaining authorization from my unit except for emergency medical care (the request will be processed by my unit for final approval to State Headquarters, CAMP-SB, or National Guard Bureau, NGB, IAW NGR 40-3).
- 3) I must report without failure to any medical appointment scheduled by my unit or by the doctor treating my condition unless prohibited by another physician from traveling. A statement from prohibiting Doctor is required.
- 4) I must cooperate fully with the medical personnel providing treatment.
- 5) I must furnish to my unit, upon completion of each of my medical appointments, the results of that appointment and the date of my next appt.
- 6) After each monthly visit to military Doctor/Civilian Doctor, I must furnish following statement to my unit:

NOTE: If I go to a civilian doctor without first obtaining approval from my unit, and they must then obtain approval from State Headquarters (OTAG), I must pay the medical bill myself.

- a. A statement from the doctor (the CAL ARNG Form 40-6-2) stating that he examined me for that month and showing my condition for that month.
- b. I must provide a monthly statement of employment from my employer, to include name, address, telephone number, point of contact, dates worked, position held, and hourly, weekly, or monthly rate of pay. Also, I must provide a copy of my payroll check stub. If self-employed, I must provide a statement of earned income to include a copy of my last Tax form filed with the Internal Revenue Service (all forms). Example: Form 1040 and Schedule C Form 1040, Profit or Loss From Business or Profession to include regular (Form 1040) monthly/weekly/daily record and/or other acceptable proof of earned income, and proof of self employment to include a copy of business license (if appropriate).
- 7) I further understand that failure to fulfill the above requirements may result in stopping my entitlements for pay and allowances for this disability
- 8) I WILL REPORT ALL INCOME TO MY UNIT IF I REQUEST INCAPACITATION PAY.
- 9) I further understand the penalty for willfully making false statements is maximum fine of \$10,000 or maximum imprisonment of 5 years or both.

  (U.S. Code, Title 18, Section 287)

Date		8 May 1989	Signature	Ima I	- 25		•	
				mary V.		_		
Name	OI	Counselor/Witn	ess <u>W</u>	710000	2700			

DISTRIBUTION:
Original - Unit
Copy - Individual Concerned
Copy - OTAG (CAMP-SB)

CAL NG FORM 37-D

STATEME	IT OF MEDICAL EXA	MINATION AND	DUTY STATUS	
THRU: (Include ZIP Code) CHANNELS	TO: (Include ZIP Code)  OTAG (CAMP-SB)  P.O. Box 214405 Sacramento, CA		HAB 2d Bn 1 260th W. Hu	ntington Drive A 91006-3401
1. HAME OF HOMOUAL EXAMPLED (Last, First, and Middle III.  DOE, John J.	rice)	2. <b>88N</b> 001	-22-0345	PFC
CORGANIZATION AND STATION HHB, 2d Bn 144th FA Arcadia, CA		DATE 23 Apr 89	ACCIDENT INFO b. PLACE (City and 8 Camp Robe	erts, CA
SECTION 1 - TO BE COMP S INDIVIDUAL WAS US OUT PATIENT ADMITTED DEAD ON ARRIVAL	17. NAME OF HOSPITAL OR TREA Silas B. Hayes	ACH, Ft. Ord	CA	INISTRATOR
8. HOUR AND DATE ADMITTED N/A	harat a j	8. HOUR AND DATE EXAM	1530 2	3 Apr 89
30 DIAGNOSIS AND EXTENT OF \$2 INJURY CD DISE Sprained Right Wrist	ASE IN RESULTING IN DEATH (	Explain		
a NUMEY OR DISEASE ST WAS ID WAS NOT INC.  CONDITION ID DID OF DID NOT EXIST PRIOR!  TO NOME ESTIMATE OF TIME LOSS (Days):  TEMPORARY ID PERMANENT PARTIAL ID  TO DETAILS OF ACCIDENT OR HISTORY OF DISEASE from  Around 1445 hours, 23 Apr  ment at firing point 20.	PERMANENT TOTAL where, where, B9, PFC Doe was a He fell while los	IS SLOOD ALCOHOL TEST MADE VES D NO ISSISTING IN Iding M577 att	14 NO.OFMG N/A field artill	ery hasty displace- ris right wrist.
23 Apr 89 John Q. S	ent ADMINISTRATOR  mith, MAJ, MD  - TO BE COMPLETED BY	LINIT COMMANDER	OR UNIT ADVISE	Sprith, my MD
18 DUTY STATUS	· 10 BE COMPLETED as	20.	HOUR AND DAT	
ABSENT FOR DUTY - ABSENT WITHOUT AUT		a FROM N/A		N/A
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFORM FOR THE PROPERTY OF THE PRO	ERRED WITH THE PERFORMANCE	OF MILITARY DUTY (Expl	· · · · · · · · · · · · · · · · · · ·	
22 INDIVIOUAL WAS ON  ACTIVE DUTY XX ACTIVE DUTY FOR TRAINING  V IN INACTIVE DUTY TRAINING			2 Apr 89	1700 6 May 89
N/A	BEGINNING TRAVEL	27. DISTANCE INVOLVE N/A	D	28. NORMAL TAME FOR TRAVEC
29. ADDITIONAL INSTRUCTIONS FOR INJURIES OF DEATH POINT OF INCIDENT IN ITEM 30. IF PROCEEDING FROM	DUTT, INCLUDE MELEAGE TIME A	AD DEBINESION MOSO.		ANNER OF TRAVEL, ROUTE FOLLOWED AN
DEFINITION SEASED ON COMMANDERS INVESTIGATION PFC Doe was loading a M57 Camp Roberts, CA. During M577, landing on his righ where it was determined t SSG Paul W. Spencer, 987-	Command Carrier the loading, PFC side and wrist. nat his right wrist-4321, witnesse	for hasty d Doe slipped SM was eva-	isplacement and fell fr cuated to th ned IN LIN	e Camp Roberts TMC, IE OF DUTY.
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED		32. INJURY IS CONSIDE OF DUTY (Not app 428 YES C) N	ERED TO HAVE BEEN IN	CURRED IN LINE
33 DATE 34, TYPE NAME AND UNIT ADVISER	GRADE OF UNIT COMMANDER OR		SIGNATI/RE	911
23 April 1989 CURTIS M.	KELLEY, CPT, FA,	CDR /	With	M. Helley con

CAL ARNG Form 2173 1 JUN 88'

TO BE USED IN PLACE OF DA FORM 2173 BY THE CALIFORNIA ARMY NATIONAL GUARD

CAMP-SB: John J. DOE, PFC SSN: 001-22-0345

State of California, Military Dept.
OTAG, Sacramento, CA 95821 DATE: 3 May 89

APPROVED: (The reviewing authority and the approving authority are the same)

BY AUTHORITY OF THE SECRETARY OF THE ARMY

DENNIS E. BANOWETZ MAJ, INF. CAL ARNG Chief, Support Branch

STATE OF CALIFORNIA
OFFICE OF THE ADJUTANT GENERAL
P.O. Box 214405 - 2829 Watt Avenue
Sacramento, California 95821-4405

#### PERMAPENT ORDERS 62-13

4 November 1988

HHC 1st Bde 40th Inf Div HHC 2d Bn 160th Inf Det 1 HHC 2d Bn 160th Inf Co A 2d Bn 160th Inf Co B 2d Bn 160th Inf Co C 2d Bn 160th Inf Co D 2d Bn 160th Inf Det 1 Co D 2d Bn 160th Inf Co E 2d Bn 160th Inf HHC 3d Bn 160th Inf Co A 3d Bn 160th Inf Co B 3d Bn 160th Inf Co C 3d Bn 160th Inf Co D 3d Bn 160th Inf Co E 3d Bn 160th Inf HHC 1st Bn 185th Armor Co A 1st Bn 185th Armor Co B 1st Bn 185th Armor Co C 1st Bn 185th Armor Co D 1st Bn 185th Armor HHB 2d Bn 144th FA Btry A 2d Bn 144th FA Btry B 2d Bn 144th FA Btry C 2d Bn 144th FA Svc Btry 2d Bn 144th FA HHD 40th Spt Bn Co A 40th Spt Bn Co B 40th Spt Bn Co C 40th Spt Bn Det 2 Co A 132d Engr Bn 40th Pers Svc Co

The Army National Guard unit shown and its members are ordered to annual training for the period indicated and will proceed from home station to duty station shown. Upon completion of annual training, return to home station and terminate annual training status.

Authority: NGB Training Authority CA-11 FY 89, 32 USC 503
and Sections 142 and 368 California Military and Veterans Code

Duty station: Camp Roberts CA

Period: 22 Apr - 6 May 89 (15 days including travel time) TDC: 101

Accounting classification: Off Pay & alw 2192060 18-1004 P1A10.1000-1100,1200 S04376

Off Tvi & PD 2192060 18-1004 P1A50.1000-2100 S04376

EM Pay & alw 2192060 18-1004 P1A30.1100-1100,1200 S04376

EM Tvi & PD 2192060 18-1004 P1A60.1100-2100 S04376

Additional instructions: Payrolls will be accomplished in accordance with instructions contained in CAL ARNGR 350-5. Units are authorized group travel by commercial charter bus if appropriate. Accounting classification:

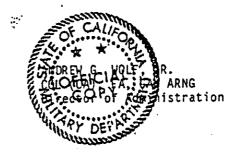
Permanent Orders 62-13 OTAG 4 Nov 88

Officer travel 2192060 18-1004 P1A50.1000 216C S04376. EM travel 2192060 18-1004 P1A60.1100 216C S04376. Units are authorized group travel by commercial air if appropriate. Accounting classification: Officer travel 2192060 18-1004 P1A50.1000 217C S04376; EM travel 2192060 18-1004 P1A60.1100 217C S04376. Duty is considered Field conditions, and reimbursement for per diem will be in accordance with JTR VOL 1 Para M6000(1)(a)(3)(1) Individuals are required to submit Request for Orders (NGB Form 102-10/DD Form 1610), to CAOT-TO IAW CAL ARNGR 310-4 when travel and per diem are required.

Format: 250

BY ORDER OF THE GOVERNOR:

DISTRIBUTION:



#### APPENDIX E

#### APPENDIX E (SCIF)

HEADQUARTERS 143D EVACUATION HOSPITAL California Army National Guard Armed Forces Reserve Center Los Alamitos, California 90720

MBEH-A-AJ

15 May 1990

MEMORANDUM FOR The Adjutant General, State Military Department, ATTN: CAMP-SB, Sacramento, CA 95821

SUBJECT: Request for State Compensation

- 1. Request that your office take action to award temporary State Compensation Insurance Fund benefits (SCIF) to Staff Sergeant Robert Amiga, 545-71-5678, this organization.
- 2. Staff Sergeant Amiga was injured on 15 May 1990 during a field exercise and has been unable to return to work. Although a line of duty is being processed there have been additional problems with his civilian employer that will delay the incapacitation payroll request. SSG Amiga is in need of immediate financial assistance to pay his bills and support his family.
- 3. Staff Sergeant Amiga has been counseled that if this request is approved any SCIF financial assistance (temporary disability payments) must be repaid upon receipt of federal incapacitation pay as required by law; he has agreed to do so and a repayment agreement is enclosed.
- 4. All available documents have been enclosed for your review.

Encl

DEBORAH M. SNATS CPT, MC, CA ARNG Adjutant

CF: Cdr, 175th Med Bde

;	Plane a secondada do defedir de a Partir de de accesa de a		
OSHA Case	Please complete in triplicate. Retain last copy for your files and mail the original and one copy to	State of California	
or File No.	STATE COMPENSATION INSURANCE FUND	EMPLOYER'S REPORT	
	P.O. BOX 807	OF OCCUPATIONAL	
	SAN FRANCISCO, CA 94101-0807 Telephone: (415) 565-1344	INJURY OR ILLNESS	
PIC	P.O. BOX 807 SAN FRANCISCO, CA 94101-0807	OF OCCUPATIONAL	

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid. PLEASE NOTE: In addition, if death results or if the injury or illness: (a) requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree, of permanent disfigurement, then the nearest district office of the C-plifornia Division of Occupational Safety and Health also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

	choadon is not required, nowever, if the injury or death results from all acc	dent on a poblic stie	et or ingilway.		
Ε	STATE OF CALIFORNIA - MILITARY DEPARTMENT	ON	TÀ. POLICY	NUMBER	PLEASE DO NOT USE THIS COLUMN
M	2. MAILING ADDRESS (Number and Street, City, ZIP)		2A. PHONE	NUMBER	
ľ	P.O. BOX 214405, Sacramento, CA 95821		F _		ČASE NO.
۱	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS (Number and Street, City, ZIP)	•	3A. LOCATI	ON CODE	,
Υ	4A. NATURE OF BUSINESS e.g.: painting contractor, wholesale grocer, sawmilt, hotel, etc.  MILITARY		5. STATE UNEMPLOYME	NT INSURANCE ACCT, NO.	OWNERSHIP
R	48. TYPE OF EMPLOYER PRIVATE STATE CITY COUNTY DISTA	OL RICT OTHER GOVERN	MENT — SPECIFY		: INDUSTRY
	6. EMPLOYEE NAME		7. DATE OF	BIRTH (MM-OD-YY)	OCCUPATION
li	AMIGA, ROBERT				
E	8. HOME ADDRESS (Number and Street, City, ZIP)		8A. PHONE	NUMBER	
M	6312 Commodore Drive, Los Alamitos, CA 90				SEX
P L	9. SEX: Male Female 10. OCCUPATION (Regular job title, not specific activity at time  X Medic (Military)	of injury)	11. SOCIAL S	ECURITY NUMBER	AGE
٥	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED	ч.:	12A. DATE OF	F HIRE (MM-DD-YY)	AGE
Y	State Military Department		<sub>3,0</sub> 00	•	
E	13. HOURS USUALLY WORKED: HOURS PER DAY 13A. DAYS PER WEE	K 138. TOTAL WEE	KLY HOURS 13C. Under police	r what class code of your y were wages assigned?	DAILY HOURS
H	14. GROSS WAGES/SALARY: PER: HOUR DAY	WEEK TWO WEEKS	MONTH OTHER - SPEC	OFY .	DAYS PER WEEK
	1750	•			OATOTER WEEK
П	15. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (Number and Street, City)	15A, COUNTY	16B. ON	EMPLOYER'S PREMISES?	
	Camp San Luis Obispo, CA		Y	ES X NO	WEEKLY HOURS
	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific, Identify tools, equipment or ma	terial the employee was using	· · · · · · · · · · · · · · · · · · ·	₩.	
۱.ا	Loading a truck with Field Equipment				WEEKLY WAGE
Ľ					WEEKE WASE
ľ	<ol> <li>HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in separate sheet if necessary.)</li> </ol>				
ŭ	Sergeant Amiga was lifting a 50 lb box of	equipment a	nd injured his	back.	COUNTY
٥					
٧					NATURE OF INJURY
ľ					
	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE e.g., the machine employee struck irritated his skint in cases of strains, the thing he was filling, pulling, etc.	against or which struck him; t	ne vapor or poison inhaled or swallow	ved: the chemical that	
이			<u> </u>		PART OF BODY
R					
l	19A. DESCRIBE THE INJURY OR ILLNESS a.g., cut, strain. fracture, skin rash, etc.		ODY AFFECTED e.g., back, left wris	t. right eye. etc.	SOURCE
ı	back strain	lowe	r back		
L	20. NAME AND ADDRESS OF PHYSICIAN (Number and Street, City, ZIP)				
Ļ				,	ACCIDENT TYPE
N	21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL (Number and Street, City, ZIP)				-
E	00 AVE OF IN HIS OF ILL NEO				A.O.S.
s	Commence of the commence of th	24. Did employee lose at least	one full day's work after the injury?	05 15 90	
s	05 15 90 930 X	NO	X YES — Date Last Worked:		
H		26. DID EMPLOYEE DIÈ?	•	(MM-DD-YY)	EXTENT OF INJURY
H	X No, still off work Yes, date returned:	X NO	YES Oate of Death:		
		28. WAS INJURED AN EXECU	TIVE OFFICER OR A PARTNER?	X NO YES	CODED BY
(	ompleted by (type or print) Signature	Title		Date	
_					l

SCIF 3067 (REV. 6-88)

FILING OF THIS REPORT IS NOT AN ADMISSION OF LIABILITY. NOTICE OF WORKERS' COMPENSATION BENEFITS MUST BE GIVEN TO INJURED WORKER WITHIN 5 DAYS OF YOUR KNOWLEDGE OF THIS INJURY.

FORM 5020 (REV. 5) April 1987

DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF WORKERS' COMPENSATION



# EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

IAME	DATE OF INJURY OR ILLNESS	TIME OF DAY	(X) A.M.
Robert Amiga	15/ 05 /90	0930	☐ P.M.
OME ADDRESS (Number, Street, City , Zip Code)		•	
6312 Commodore Drive, Los Alamito	os, CA 90720		÷
WHERE DID ACCIDENT OR EXPOSURE OCCUR (Number	iber, Street, City. Zip Code)		
Camp San Luis Obispo, CA 93403			
ESCRIBE THE INJURY OR ILLNESS AND HOW IT OCCU	URRED		
		and the second second	-
Our unit was involved in a field	exercise at CSLO. We wre loading	g equipment on a	
truck when I felt a sharp pain i	n my back. I was unable to cont	inue to work and	
reported this injury to the firs	t sergeant.		
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STATE FUND COPY

Please return original to your local State Fund office.

# APPENDIX F

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•	(Battalion or Squadron Letterhead)	
		(date)
SUBJECT	TRAVEL ORDERS AND AUTHORIZATION FOR TREATMENT	ta de la companya de
то	MEDICAL TREATMENT FACILITY, ATTN: PATIENT ADMINISTRATION THE ADJUTANT GENERAL, CALIFORNIA NATIONAL GUARD, ATTN: CAMP-SB UNITED STATES PROPERTY and FISCAL OFFICER for CALIFORNIA, ATTN: CAUS-TR TRANSPORTATION OFFICER	
	Individual Concerned	•
	A Company of the Comp	
1 The following AR 40-3 and is	member of the California Army National Guard is authorized medical care under the provisions of para 6, Nordered to report for treatment as indicated:	GR 40-3, and para 4-2
	(Last Name, First Name, MI., SSN, Rank, Unit, Unit Address and ZIP Code)	
Attached to:	(Name, Address and ZIP Code of Medical Treatment Facility)	
Poseding Date	Period:	•
	Treatment	
•	actions: Report to Patient Administration for an appointment in	at hours
If desired, Trans	es for processing).  (Clinic or Room)  (portation Officer will furnish transportation request and meal tickets. Memorandum copy of transportation red to United States Property and Fiscal Officer for California, Camp San Luis Obispo. CA 93403-8660. Tratetary allowances are not authorized. Reimbursement for actual expenses is authorized. JTR Vol 1, 6005.	equest and meal tickets evel of dependents and
AUTH D 3	2 USC 318; 37 USC 204(h) For all injuries incurred in line of duty. Also for diseases incurred in line while under orders not specifying 30 days or less.	e of duty
□ 3	2 USC 319: For diseases incurred in line of duty while under orders specifying 30 days or less.  Do not use for diseases incurred during inactive duty training.	
	ASSIFICATION: FY 89: TvI, (Off.) 2192060 18-1004 P2U21.1000 (211J.219J) /BF0 S04376; (Int.) 2192060 18-1004 P2U21.1000 (211J.219J) /BF0 S04376. (NOTE: Enter UfC in blank for officer or enlisted accounts and the control of the contro	
HOR		
- Page 15.	and status at time of injury/disease are as follows:	
Type duty bein	performed: DIDT DAT DIFTTD REPIRING DOTHER	
Inclusive dates	of training:	
Location where	disease or injury occurred:	<del></del>
Date of occurre	ence: Diagnosis:	
: Line of Duty St	atus: Events leading to incident:	
3. Request tre	atment facility complete CAL ARNG Form 40-6-2. If a DA Form 2173 or CAL ARNG Provisional Form 21 torm also be completed. These two forms should be returned to this headquarters along with any civilia	73 is inclosed, reques
FOR THE COM	IMANDER:	
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CAL ARNG Form 40-6-1

1 Nov 88

(Replaces CAL ARNG Form 40-6-1 dated 17 Feb 88)

#### DISABILITY STATEMENT AND COMPLETE REPORT OF ATTENDING PHYSICIAN

Note to attending physician: Please complete the statement below if this Guard member is incapacitated and cannot perform normal military duties. To help you make that determination, the individual's normal military duties are outlined below:

(to be completed by unit prior to submission to physician) Normal military duties for: \_ (Service member's MOS) Consist of the following \_\_ I have examined (Name and SSN) (Date) Disabled from . Date expected to return to normal military duty: (without limitation) Cause of disability: \_ (Final Diagnosis) Type medical treatment furnished: \_ Nature of healing process (prognosis): \_ Is it in the best interest of the Federal Government to continue medical treatment rather than to place the service member before a Medical Evaluation Board? yes \_\_\_\_\_ no \_ This individual (is)\* (is not)\* permanently disabled. If permanently disabled or if temporarily disabled for more than 90 days, the individual (has)\* (has not)\* been scheduled for a (Medical Evaluation Board)\* (Physical Evaluation Board)\* in accordance with AR 40-3. Board date: Current medical profile: (by service physician) (Physician's Signature) (Date Signed) (Typed or printed name of physician \*Strike out inapplicable term and medical treatment facility)

#### (THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

AUTHORITY: 32 USC 318 and 319: 37 USC 204(h); Sections 340 and 341, California Military and Veterans Code.

PRINCIPAL PURPOSES: To verify member's disability caused by service connected injury or disease. To determine final diagnosis. Social Security Number is used for identification.

ROUTINE USES: Used within the California Army National Guard to determine eligibility for disability pay and treatment in a service hospital or at government expense. Used to determine final diagnosis in line of duty investigations and determinations. Used by State Compensation Insurance Fund as an agent of the State of California to verify entitlement to State Compensation when federal benefits are delayed.

DISCLOSURE IS VOLUNTARY: Failure of member or his physician to provide requested information may result in delay in payment for incapacitation or delay in final disposition of member's case (Comp Gen decision #8-185404, 2 Aug 76).

CAL ARNG Form 40-6-2 1 Nov 88

Replaces CAL ARNG Form 40-6-2 17 Feb 88

For use of this form, see AR 190-45: the preponent	DATE	TIME	FILE NUMBER	
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURI	TY NUMBER.	GRADE/STATU	5
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0.4 FORM 2823 . Supersedes of form 2023, 1 Jan 68, which will be used

STATEMENT (Continued)	
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MERT WHICH BEGINS ON PAGE I AND ENDS ON PAGE . I F MADE BY ME, THE STATEMENT IS TRUE. I HAVE INITIALED AL CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEI	L CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT NCE, OR UNLAWFUL INDUCEMENT.
W1711 # 44 # 14	(Signature of Person Making Statement)
	Subscribed and sworn to before me, a parson authorized by law
	to administer eaths, thisday of, 19
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ORGANIZATION OR ADDRESS	· .
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FICE SYMBOL OR FILE REFERENCI	SUBJECT
- 12 Maria - 12 Maria (12 Maria)	Request for Approval of Incapacitation Pay for
THRU: OTAG Support Branch	FROM DATE CM
lost civilian time fro	oacitation pay for the above individual be approved for to and/or lost drill time ased on an/a injury/disease incurred in line of duty on
(Drill Dates)	
(Date Injury/Disease)	while undergoing(Type of training)
and the state of t	ormation and documents are furnished to support this request:
FJ	oved LOD.  cted to return to normal military duty by
C. A Current disa	bility statement/CAL ARNG Form 40-6-2.
d. Employer state Form 37-2F.	ment CAL NG Form 37-2E, or self-employment statement CAL NG
	rksheet CAL NG Form 37-2G. (Section I Only)
t. The member has	/has not attended training since his/her disability. If so
the dates and type	of training (IDT, ADT, AT, etc.) attended were:
·	
disease:	S1, to include title, at the time of injury or onset of . Member's PEBD:
h. Member's curre	nt ETS or MRD date:
i. Civilian Occup	ation: Employed asfor
	(Position) (Firm)
(Firm address)	. Has/has not returned to work since
<ol> <li>Member returned</li> </ol>	d to military duty onand/or civilian (Date)
The second of th	(Date) (Date)
occupation.	
I certify that the	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
act incapacitated this	injury/disease cited in the attached LOD determination has in sindividual from performing the normal assigned military
utles of the MOS/SSI	indicated during the period of this payroll. I further certify
nat proper verification	on or lost civilian income is attached.
ncls	and the second of the second o
s	and the state of the
	(Sig Block Cmdr)

NAME:	ADAPS PAYROLL CERTIFICATE  RANK: UNIT:	
TL NUMBER:		_ DATE RECEIVED:
SSN	PRN ORDERS NUMBER	ORDERS DATE Y Y M M D D
START DATE Y Y M M D D	END DATE Y Y M M D D STATE 1	TAX BAS BAS DYS SBAO DAY
2		
SFD MILEAGE VH	A SGLI OPT	MODE TOC SUB
ADDRESS LINE 1 (NUMBER & STREET)		
ADDRESS LINE 2 (APARTMENT, SUITE,	C/O ETC)	
ADDRESS LINE 3 (CITY)		STATE ZIP CODE
1 DAYS EARNED ( 2. DAYS ACCRUED LEAVE PAID SINCE 10 MISCELLANEOUS ENTITLEMENTS:	TO DAYS T	'AKEN = ACCRUED LEAVE DAYS
	CHANGE PAY RECEIVED). STATE PRO	OBLEM, BE CONCISE:
<ul> <li>2 The individual indicated above has or will report to completion of the duty, is due pay and allowance pay that accrues from this date to the ending date</li> </ul>	personally verified the duty requested above has been rent than originally requested, I have entered the correct forder or duty in accordance with competent orders and, upon s in the grade and status shown. Any change affecting of the duty will be immediately reported to the USPFO fuel not earlier that the last day of duty by an exent who fuel not earlier that the last day of duty by an exent who	
DATE OF CLRTIFICATION  CHECK: L1 COMM  CAL ARNG Form 37-9. REV 1 May 87	PRINT OR TYPE NAME/SIGNATURE IANDING OFFICER   SENIOR SOLDIER PRESENT	revious Editions will be used until exhausted

#### INSTRUCTIONS

NAME, RANK, UNIT

Self explanatory

TL NUMBER

Your transmittal letter number

SSN

Social Security Number

PRN

Payroll Number, i.e., J01

ORDER NUMBER ORDER DATE

11-3 code as 011-03 (send two (2) copies)

TRI START & END DATES

Year-Month-Day (YYMMDD)

First and last day of duty (YYMMDD), No break in Duty Days.

TR2, 3, & 4 ADDRESS LINES 1, 2, & 3 Use only if there are breaks in duty: i.e., on duty weekdays only.

Self explanatory.

#### **LEAVE**

Enter number of days earned, beginning and end dates, leave taken (DA 31), and accrued leave.

2. Enter the number of days of accrued leave paid since 10 Feb 76 (see DD Forms 214, PFR etc.).

NOTE: A. Leave may be paid on a supplemental payroll or on the final voucher. In either case, complete 1 & 2 above and attach one copy of all previous DA 2139's and orders to substantiate duty performed.

B. DA 2139's reflecting accrued leave paid should be filed in the permanent section of the PFR (NGB 37-104-3).

#### **MISCELLANEOUS ENTITLEMENTS**

Note any entitlements that are not automatically paid, such as: BAQ w/o dependents, enlisted BAS, Saved-pay, VHA and FSA. Payment of enlisted BAS and/or BAQ W/O must be supported by a statement on non-availability in the orders or a DD Form 1351-5 from the duty station. Permission to mess separately may be granted by the unit commander on a DD Form 2496.

#### SUPPLEMENTALS

- Supplemental payrolls are used to correct erroneous pay caused by incorrect information received or input by ADAPS. DO NOT use the term "Supplemental" to pay additional duty days as this may delay payment.
- 2. Send one (1) copy of all supporting documents with your request for supplemental pay. Supporting documents include: all orders, DA Forms 2139 & 3298, federal recognition, etc.
- 3. Correct payment for BAQ with dependents, promotions, incentive pay and time-in-service depends on information in the SIDPERS data base. It is the unit's responsibility to telephone SIDPERS to insure that the data base has been corrected before sending the supplemental to ADAPS.

#### **CERTIFICATE OF PERFORMANCE**

- 1. If duty has been performed, check block #1.
- 2. If duty has started but is not complete, check block #2.
- 3. An A agent is required if duty has not started. Coordinate with ADAPS.

# EMPLOYEE AND EMPLOYER CERTIFICATION

I,			•• • • • • • • • • • • • • • • • •	
·	(Typed Name)	(CC))	hereby authorize the	ceregse or
informati This info from the while per I receive	ion requested below ormation is require Federal Government rforming military d	w, under provised to determine t as a result of the Auty with the Aury source, inc	ion of Title 5, U.S. entitlement to Incap. f an injury/disease commy National Guard. cluding credit disabilates follows:	acitation Pay ondition incurred I certify that
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(If none,	, so indicate)		ing and the second state of the second secon	
. 1		Emplo	vee's Signature	Date
	garage and the second			
EMPLOYER	· The standard	en e		
from	to	The	en/was employed by thi e last/present positio	n held was
1.	pescripation or au			
			performance of all dut	ies?
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CAL ARNG Form 37-2E (1 April 1989) Previous Editions are Obsolete

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# INCAPACITATION PAYROLL TRANSMITTAL (unit) \_\_(date) MEMORANDUM FOR Office of the Adjutant General, ATTN: CAMP-SB, P.O.Box 214405, Sacramento, CA 95821-0405 SUBJECT: Request for Approval of Incapacitation Pay 1. Request incapacitation pay for \_ SSN be approved from \_\_\_\_\_\_to \_\_\_\_ based on an injury/disease incurred on \_\_\_ 2. Soldier attended training since disability occurred on the following dates: \_\_\_ 3. Soldier's MOS/SSI and title when disabled. 4. Enlisted soldier's ETS date: \_\_\_\_\_. 5. Civilian employer (indicate if unemployed):\_\_\_\_\_ \_\_Occupation:\_\_\_\_\_ 6. Date returned or expected to return to duty: Military <u>Civilian</u> 7. Address to which check is to be mailed: 8. I certify that, during the period indicated in 1 above, the incapacitation of this soldier prevented him/her from performing the duties of his/her MOS/SSI . Verification of civilian income earned and/or lost is attached. Encl check list (unit commander) CAL NG Form 37-2H CAL NG Form 37-2E/2F CAL ARNG Form 40-6-2 check stub

CAL NG Form 37-2C (1 Jan 90)

DA Form 2173/CAL ARNG Form 2173

orders/training schedule

CAL NG Form 37-D

	S CLAIM FORM CAL ARNG Pam 40-2	NAME:		SSN:				
INSTRUCTIONS: All incapacitated soldiers are required to prepare this form monthly. It must be included with each incapacitation payroll submitted for payment. Complete the section that pertains to your case: Section 1 Employed Section 2 Unemployed Section 3 Self-Employed Section 4 All								
SECTION 1 EMPLOYED SOLDIER								
while participating in	t I incurred/aggravated the follo military training/traveling direc	tly to/from military training		_ in the line of duty				
<ol><li>I further certify the income during the permonth or less for each</li></ol>	at as a result of the above descri eriod ch statment).	bed injury/disease, I suffe to	red a loss of \$ (period may o	nly be one calendar				
	antiated by the enclosed letter(s							
4. In addition, I certif NOTE: If the soldier	fy that I received \$does not have sick leave, vacation	from an inc n pay, or any other income p	ome protectin plan (includ protection insurance pay, h	ling sick leave, etc.). le/she must so state.				
	SECTION	2 UNEMPLOYED SOLD	IER					
	t I incurred/aggravated the folion military training/traveling direct			_ in the line of duty				
compensation, social receiving incapacita	2. I further certify that I am unemployed at present, without income from any source, including, but not limited to, unemployment compensation, social security, workman's compensation or Veteran's Administration payments. If I become employed, while receiving incapacitation pay, I understand it will be my responsibility to notify my unit and/or commander to ensure military pay and allowances will be reduced by the income being received at that time.							
	SECTION 3	SELF-EMPLOYED SOL	DIER					
I herby certify that while participating in	t I incurred/aggravated the follo	wing injury/disease: tly to/from military training	<b>,</b>	_ in the line of duty				
2. I further certify the income during the p month or less for each	at as a result of the above descri eriod	bed injury/disease, I suffe to in gross income f	red a loss of \$ (period may or om being self-employed to	of civilian only be one calendar or the period above.				
3. I am self-employe have enclosed a cor	ed and in order to substantiate m by of my latest IRS Form 1040 w	y claims of lost civilian inco th supporting documents i	me for the period cited in ncluding schedule c.	paragraph 2 above, I				
4 In addition I certif NOTE: If the soldier	y that I received \$does not have sick leave, vacatio	from an incone pay, or any other income	ome protection plan (inclu protection insurance pay, i	ding sick leave, etc.) ne/she must so state.				
······································	SECT	ION 4 ALL CLAIMANTS						
knowing y and willfi	at the information which I have ully making a false claim or a f to 5 years or both. (18 USC 287	alse statement in connect	im is correct. I understand ion with a claim is a fine	d that the penalty for of up to \$10,000 or				
<ol> <li>I hereby waive my</li> <li>Privacy Act states</li> </ol>	y VA compensation. DA Form 30 nent is enclosed.	53 and VA Form 21-8951	are enclused.					
DATE	SOLDIER'S SIGNATURE			:				

CAL NG Form 37-2H (1 Apr 89)

DEPARTMENT OF INDUSTRIAL SELATIONS DIVISION OF WORKERS' COMPENSATION



# EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

IAME	DATE OF INJ	/		TIME OF DAY	/ ∏ A.M. ∏ P.M.
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SCIF 3301 (NEW 1 90)

STATE FUND COPY

Signing this form does not necessarily constitute acceptance of a claim.

Please return original to your local State Fund office.

PLEASE TYPE ALL INFORMATION, IF POSSIBLE		
State of California EMPLOYER'S REPORT	Please complete in triplicate. Retain last copy for your files and mail the original and one copy to STATE COMPENSATION INSURANCE FUND	OSHA Case or File No.
OF OCCUPATIONAL INJURY OR ILLNESS	P.O. BOX 807 SAN FRANCISCO, CA 94101-0807 Telephone: (415) 565-1344	
PICALY Y Y ELITE Y YY	TYPEWRITED ALIGNMENT GINDS PIC	A V V PLOTE VIVIV

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid. PLEASE NOTE: In addition, if death results or if the injury or illness: (a) requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent distigurement, then the nearest district office of the California Division of Occupational Safety and Health also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

E	1. FIRM NAME DIVISION	1A. POLICY NUMBER	PLEASE DO NOT USE THIS
M P	2. MAILING ADDRESS (Number and Street, City, ZIP)	2A. PHONE NUMBER	COLUMN CASE NO.
L	3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS (Number and Street, City, ZIP)	3A. LOCATION CODE	
Y	4A. NATURE OF BUSINESS e.g., painting contractor, wholesale grocer, sawmill, hotel, etc.	5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.	OWNERSHIP
R	SCHOOL 4B. TYPE OF EMPLOYER: PRIVATE STATE CITY COUNTY DISTRICT	OTHER GOVERNMENT — SPECIFY	INDUSTRY
	6. EMPLOYEE NAME	7. DATE OF BIRTH (MM-DD-YY)	OCCUPATION
E M	8. HOME ADDRESS (Number and Street, City, ZIP)	BA. PHONE NUMBER	SEX
P L	9. SEX: Male Female 10. OCCUPATION (Regular job title, not specific activity at time of injur	y) 11. SOCIAL SECURITY NUMBER	
0 Y	12. DEPARTMENT IN WHICH REGULARLY EMPLOYED	12A. DATE OF HIRE (MM-DD-YY)	AGE *
E	13. HOURS USUALLY WORKED: HOURS PER DAY 13A. DAYS PER WEEK	138. TOTAL WEEKLY HOURS 13C. Under what class code of your policy were wages assigned?	DAILY HOURS
	14. GROSS WAGES/SALARY PER HOUR DAY WI	EEK TWO WEEKS MONTH OTHER — SPECIFY	DAÝS PER WEEK
	15. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (Number and Street, City) 15	SA. COUNTY 158. ON EMPLOYER'S PREMISÉS? YES NO	WEEKLY HOURS
	16. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identity tools, equipment or material th	<b>1</b>	WEEKLY WAGE
N	17 HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or separate sheet if necessary)	r occupational disease. Tell what happened and how it happened. Please use	WEERLY HAGE
Ů			COUNTY
R Y			NATURE OF INJURY
٥	18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE e.g., the machine employee struck against irritated his stin: in cases of strains, the thing he was lifting, pulling, etc.	or which struck him; the vapor or poison inhaled or swallowed; the chemical that	PART OF BODY
R			!
	19A. DESCRIBE THE INJURY OR ILLNESS e.g., cut, strain, fracture, skin rash, etc.	199. PART OF BODY AFFECTED e.g., back, left wrist, right eye, etc.	SOURCE
L	20. NAME AND ADDRESS OF PHYSICIAN (Number and Street, City, ZIP)		ACCIDENT TYPE
N	21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL (Number and Street, City, ZIP)		A.O.S.
5	22. DATE OF INJURY OR ILLNESS 23. TIME OF DAY a.m. p.m. 24. Did o	employee lose at least one full day's work after the injury? (MM-DD-YY)  NO YES — Date Last Worked:	ж. <b>.</b> э.
5		EMPLOYEE DIE? (MM-DD-YY)	EXTENT OF INJURY
	No. still off work Yes, date returned:	NO YES — Date of Death:	CODED BY
Ц	NO YES	B INJURED AN EXECUTIVE OFFICER OR A PARTNER?  NO YES  Title Date	0002001
Ľ	Completed by (type or print) Signature	, rue Dav	

# APPENDIX G REFERENCES FOR LINE OF DUTY INVESTIGATIONS INCAPACITATION PAY AND MEDICAL BOARDS

AR 600-8-1 - A	rmy Casualty and	d Memorial	Affairs and	Line o	f Duty	Investigations
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AR 40-3 - Medical, Dental and Veterinary Care

AR 40-501 - Standards of Medical Fitness

AR 315-381 - Reserve Components Incapacitation System

AR 635-40 - Physical Evaluation for Retention, Retirement, or Separation

NGR 600-3 - Line of Duty Determinations (superseded by AR 600-8-1)

NGR 40-501 - Medical Examination for Members of the Army National Guard

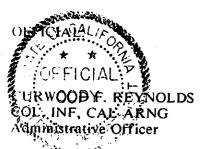
NGR 40-3 - Medical Care for Army National Guard members

NGB Pam 37-5 - Management of Incapacitation Pay and Allowances

DODPM - Department of Defense Pay and Entitlements Manual

(CAMP-SB)

BY ORDER OF THE GOVERNOR:



DISTRIBUTION:

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